

Case Number:	CM13-0006836		
Date Assigned:	02/18/2014	Date of Injury:	08/03/2012
Decision Date:	04/15/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 53 year old with an industrial injury on 8/3/12. Chief complaint is left elbow sprain/strain and lateral epicondylitis plus left wrist sprain/strain. Treatment has included physical therapy, acupuncture, and lateral elbow injection. Exam notes from 5/22/13 reveal diagnosis of lateral epicondylitis of the left elbow. MRI on 6/14/13 demonstrated left elbow was totally unremarkable without note of any bony, ligamentous, tendon, nerve or subcutaneous pathology. Diagnosis of MRI was pain and stiffness in left elbow. Notes from 7/24/13 demonstrate motor and sensory nerve conduction studies of the median nerve are within normal limits. Exam notes from 8/5/13 demonstrate patient has persistent left outer elbow pain on the outer more than the inner side of the elbow. She has some numbness in both wrists and hands but overall is stabilizing. Exam on 9/16/13 demonstrates patient finds relief with anti-inflammatory and pain medications. She was just approved for physiotherapy to reduce swelling and pain. Exam notes from 11/5/13 demonstrate patient has left and right shoulder pain and swelling in the left more than right forearm and elbow. Therapy has been helpful. Exam notes from 11/19/13 demonstrate completed physiotherapy and is still in pain. Complains of pain in right and left shoulder, left elbow and forearm, aching of right and left wrists and pain in both wrists with left more than right. Request is for an MRI of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI ON LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: The CA MTUS/ACOEM guidelines state that for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fail to improve symptoms. As the previous MRI of the left elbow was normal, there is insufficient medical evidence to support repeat MRI of the left elbow. Therefore determination is for non-certification.