

Case Number:	CM13-0007985		
Date Assigned:	11/22/2013	Date of Injury:	09/25/2012
Decision Date:	01/14/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

The patient is a 48-year-old male, the date of injury of 9/25/12. The patient is noted to have pain after lifting meat onto the table. He has a history of carpal tunnel syndrome and had a surgical release in the 1980s. He also had a right carpal tunnel release in 2013 with 12 visits of therapy post operatively. The patient has metallic artifacts in his eyes. Progress report on 7/2/2013 the patient will be MMI by next visit. The note on 7/10/2013 states the patient continues to complain of right arm and elbow pain. Exam shows tenderness to palpation of the right biceps, right cubital fossa, right wrist joint. There is request for an MRI of the right elbow. However, there is no indication given for the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for right elbow (without contrast): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS in the ACOEM elbow chapter discusses MRI. It states that MRI for suspected epicondylalgia is not recommended. In addition, imaging studies in this chapter of

ACOEM are only recommended if they will substantially change the treatment plan. There is no indication in the providing doctors progress report that there is any change in treatment plan due to the results of the MRI. In addition the patient has metallic artifacts in his eyes and may not be a candidate for MRI. There is also a report dated September 2013 into the treating doctor has rescinded the request for MRI due to presence of metallic artifacts. Therefore as this patient is contraindicated for magnetic resonance imaging, and guidelines do not support the use of this test the MRI for the elbow is not medically indicated.