

Case Number:	CM13-0026238		
Date Assigned:	11/22/2013	Date of Injury:	08/19/2010
Decision Date:	02/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice, and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 08/19/2010. The injury was noted to have occurred to his neck while performing his usual and customary duties as a truck driver. His diagnoses are noted as cervical radiculopathy, left extruded C5-6 disc, right shoulder status post rotator cuff repair surgery x2, and depression. The patient's initial injuries were noted as injuries to his neck, right shoulder, elbow, and wrist. Physical exam findings related to his elbow have included tenderness along the medial epicondyle. This has been noted to have progressively gotten worse over time despite his conservative management. His conservative treatment has been noted to include physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): s 42-43.

Decision rationale: According to the ACOEM Guidelines, imaging studies may be recommended when there is evidence of a significant neurological deficit which has been shown

to be correctable by an invasive treatment, the patient has failed to progress in a rehabilitation program, and the patient has agreed to surgery if indicated. The patient has been noted to have failed conservative treatment; however, there is no documentation regarding the suspected condition, whether the need for surgery is suspected, or whether the patient would agree to surgery. In the absence of this documentation, the request is not supported by evidence based guidelines. As such, the request for an MRI of the right elbow without contrast is not medically necessary and appropriate.