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| Case Number: | CM13-0032111 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 07/12/2010 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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 Physical Medicine & Rehabilitation 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 43-year-old female who reported an injury on 07/12/2010 due to repetitive job duties the patient reportedly sustained an injury to her right elbow and right shoulder. It was previously determined that the patient was a surgical candidate; however, it was discovered that she was pregnant and surgical intervention was delayed until after the patient had completed a course of breastfeeding. The patient underwent an EMG that revealed left-sided C5 radiculopathy and an NCV that revealed mild right carpal tunnel syndrome and left carpal tunnel syndrome. The patient underwent an MRI of the right elbow that revealed evidence of lateral epicondylitis. The patient's most recent clinical documentation indicated that the patient had persistent elbow pain rated at 8/10 to 9/10. Prior treatments included physical therapy, medication, and corticosteroid injections. An MRI was ordered to assess tendon and ligament damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow.

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

Decision rationale: The Physician Reviewer's decision rationale: The magnetic resonance imaging of the right elbow is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend imaging studies when imaging study will substantially change the patient's treatment plan, in emergence of red flag conditions, and in preparation for surgical intervention. The clinical documentation submitted for review does not clearly identify that the patient is a surgical candidate at this time. There is no documentation of red flags. As the patient has already undergone an MRI that confirmed the diagnosis of lateral epicondylitis, there is no indication how an additional MRI will significantly change the patient's treatment planning. Therefore, the need for an additional MRI is not indicated. as such, the requested magnetic resonance imaging (MRI) of the right elbow is not medically necessary or appropriate.