

Case Number:	CM13-0035091		
Date Assigned:	12/13/2013	Date of Injury:	04/14/2012
Decision Date:	04/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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:

This individual sustained an injury secondary to repetitive lifting on 4/14/12. He was initially diagnosed with lateral epicondylitis of the right elbow. The records provided for review included a report of an MRI dated 4/9/12 that showed full thickness tearing involving the proximal extensor tendon origin at the lateral epicondyle. A recent clinical progress report dated 1/17/14 described continued complaints of the elbow noting it was feeling "the same." Documentation identified primary pain along the lateral aspect of the elbow. Physical examination showed tenderness of the common extensor origin and discomfort with resisted strengthening exercises at the wrist. The claimant's diagnosis was persistent lateral epicondylitis that failed conservative care. The recommendation was for right lateral epicondylar reconstruction with concordant carpal tunnel release procedure. There was also a request for an MRI of the claimant's right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST OF THE RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure-MRI's.

Decision rationale: The CA MTUS ACOEM Elbow Guidelines are silent. When looking at Official Disability Guidelines, the request for an MRI scan of the claimant's elbow would not be supported. The claimant's current clinical picture is consistent with lateral epicondylitis for which the claimant has a prior MRI scan that confirms the diagnosis. There is no documentation of any new clinical finding, examination finding, or concern that would warrant the role of repeat testing. The specific request for repeat MRI in this claimant whose diagnosis is already clearly well-established would not be indicated.