

Case Number:	CM13-0048283		
Date Assigned:	12/27/2013	Date of Injury:	06/24/2011
Decision Date:	06/27/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/05/2013

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 Family Practice 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:

The patient is a 42 year old male that reported an injury on 06/01/2011. The mechanism of injury was reported as of daily duties of his job. The clinical note for 07/18/2013 reported the patient had ongoing pain to his right elbow and the patient was status post right elbow medical epicondyle reconstruction on 03/20/2012. The clinical note reported that the patient had diminished range of motion in his left shoulder with a positive Hawkins to the right shoulder for pain with rotation. The previous MRI studies were not including in the clinical notes. The electrodiagnostic study reported negative findings. Documents state the patient has clinical evidence of significant right lateral epicondylitis for the elbow with early pronator teres syndrome not being ruled out. The patient had effective occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW MRI WITHOUT CONTRAST QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

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

Decision rationale: The request is not medically necessary. The patient's EMG test results were negative and the patient has had injections in his right elbow that he tolerated well. The California MTUS/ACOEM guidelines state that the criteria for ordering imaging studies are that the imaging studies will substantially change the treatment plan of treatment and failure to progress in a rehabilitation program, with evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed. The patient has shown good progress in occupational therapy with range of motion to the right elbow to be 3 degrees to 135 degrees on the clinical note dated 01/08/2014. Therefore, the request is not medically necessary.