

Case Number:	CM13-0048374		
Date Assigned:	12/27/2013	Date of Injury:	01/12/2011
Decision Date:	05/19/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 Pennsylvania. 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 claimant is a 58-year-old female who was injured in a work related accident on 01/12/11. A recent assessment for review of 10/05/13 indicates ongoing persistent complaints of pain about the right upper extremity, particularly the right elbow. There was described numbness to the right hand consistent with carpal tunnel syndrome. As well, there was noted to be "progressing." Examination of the elbow showed motion from 0 to 120 degrees with pain. There was discomfort over the lateral epicondyle with swelling. There was positive resisted testing with pain at the lateral epicondyle. The wrist was with positive Phalen's and Tinel's testing with diminished Jamar grip strength testing in a significant fashion. The claimant was diagnosed with acute flare of right lateral epicondylitis. Recommendations at that time were for an MRI scan of the elbow. Medications were prescribed in the form of Norco or Motrin. There was no documentation of prior injections. It indicated that based on findings an injection may be indicated. Further documentation in regards to the claimant's elbow is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE 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, Indications For Imaging-- Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: ACOEM Guidelines indicate "For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms." An acute MRI of the elbow would not be indicated. In the chronic setting, Guidelines would fail to necessitate the need of elbow MRI scan without documentation of plain film radiographs or documentation of conservative measures. In this individual, the claimant's diagnosis of lateral epicondylitis appears to be well established. The absence of plain film radiographs or documentation of recent conservative measures would fail to necessitate an elbow MRI for the claimant's above mentioned complaints. The request is not medically necessary and appropriate.