

Case Number:	CM13-0049457		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2013
Decision Date:	04/02/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 41-year-old male who reported an injury on 07/25/2013 due to repetitive trauma. The patient ultimately developed lateral epicondylitis that was conservatively treated with medications and physical therapy. The patient's most recent clinical examination findings included objective complaints of bilateral elbow pain that was exacerbated by pushing and pulling repetitively. Evaluation of the bilateral elbows revealed painful range of motion with tenderness to palpation along the lateral elbow with a positive Cozen's sign. The patient's treatment plan included an MRI of the right and left wrist, and other multiple body parts. A request was also made for acupuncture and chiropractic treatment and referral to a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested MRI for the left elbow is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend

imaging studies of elbows when there is documentation that the results will substantially change the treatment plan, there is an emergence of red flag symptoms, or the patient has failed to progress through a rehabilitation program and has agreed to undergo invasive treatment. The clinical documentation submitted for review does indicate that the patient has persistent pain despite medication and physical therapy. However, the documentation fails to indicate how an MRI will specifically contribute to the patient's treatment planning. Additionally, there is no documentation of red flag symptoms. The clinical documentation also does not indicate that the patient has agreed to surgical intervention. Therefore, the MRI of the left elbow is not medically necessary or appropriate.