

Case Number:	CM13-0050099		
Date Assigned:	12/27/2013	Date of Injury:	01/12/2007
Decision Date:	03/20/2014	UR Denial Date:	10/28/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 01/12/2007. The mechanism of injury was not provided for review. The patient ultimately underwent an elbow surgery and developed bilateral lateral epicondylitis. The patient's chronic pain was managed with medications. The patient's most recent clinical examination revealed tenderness to palpation over the lateral epicondyle of the left elbow with range of motion described as 70% of supination and 90 degrees in pronation with a negative Tinel's sign. The patient's diagnoses included status post right elbow surgery, bilateral lateral epicondylitis, exacerbation of left elbow pain, and bilateral shoulder pain. The patient's treatment plan included continuation of medications and an MRI of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers' Compensation (TWC) Elbow Procedures.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: The requested MRI of the left elbow is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies for the elbow when there is an emergence of a red flag or the patient has failed to progress through a rehabilitation program and the patient is a surgical candidate. The clinical documentation submitted for review does not provide any evidence that the patient has had any active therapy or other conservative treatments to include immobilization or activity modification to assist in pain control for the left elbow. Additionally, there is no documentation of a red flag condition or that the patient is a surgical candidate. Therefore, the need for an MRI is not indicated. As such, the requested MRI of the left elbow is not medically necessary or appropriate.