

Case Number:	CM13-0052691		
Date Assigned:	12/30/2013	Date of Injury:	03/20/2008
Decision Date:	03/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine, has a subspecialty in Internal Medicine 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 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:

According to the records made available for review, this is a 52-year-old male with a 3/20/08 date of injury. At the time of request for authorization for MRI of the right elbow, there is documentation of subjective right elbow pain radiating to the right arm associated with clicking and objective positive tennis elbow test findings. The imaging findings of right elbow x-rays of 8/27/13 report revealed normal findings. The current diagnosis is lateral epicondylitis. The treatment to date includes medications, heat/cold application, immobilization, TENS, home exercise program, chiropractic therapy, and physical therapy. There is no documentation of chronic epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI's.

Decision rationale: The California MTUS reference to ACOEM identifies that there is insufficient evidence for MRI for suspected epicondylagia. The ODG identifies documentation of suspected chronic epicondylitis and plain films nondiagnostic as criteria necessary to support the medical necessity of MRI of the elbow. Within the medical information available for review, despite documentation of a diagnosis of lateral epicondylitis and normal right elbow x-rays, there is no documentation of chronic epicondylitis. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right elbow is not medically necessary.