

Case Number:	CM13-0053294		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2012
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 46 yo female who sustained an injury on 12/19/2012. The mechanism of injury was possibly due to repetitive motion of grip pinch. The diagnoses include right biceps tendonitis, and right lateral epicondylitis. An MRI of the right elbow completed on 02/19/2013 noted findings of common flexor tendinopathy, mild chronic sprain of the lateral collateral ligament, tendinosis and tenosynovitis of the biceps tendon at the attachment to the radial tuberosity, subtle edema-type marrow signal along the medial aspect of the coronoid process suggesting stress reaction. She underwent electrodiagnostic testing of the right upper extremity 05/29/2013 which demonstrated no evidence of right upper extremity peripheral entrapment neuropathy or right cervical radiculopathy. She has been treated with medical therapy, physical therapy, and acupuncture. On exam she complains of tenderness over the medial and lateral epicondyles, with normal sensation and normal range of motion. The treating provider has recommended an MRI of the right upper extremity without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the upper extremity without contrast materials: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 601. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601.

Decision rationale: There is no documentation provided necessitating an MRI study of the right upper extremity. Per the referenced guidelines, repeat MRI imaging should be reserved for a significant change in symptoms and/or findings suggestive of pathology. There has been no significant change in the claimant's symptoms and there are minimal objective findings on exam. There is no documentation of listed change to objective findings from the time of the previous MRI to the present. Medical necessity for the requested service has not been established. The requested service is not medically necessary.