

Case Number:	CM13-0059109		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2011
Decision Date:	04/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/29/2013

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, 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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of November 19, 2011. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy; attorney representation; transfer of care to and from various providers in various specialties; psychological counseling; and extensive periods of time off of work. The applicant has been terminated by his former employer, it appears. In a utilization review report of November 8, 2013, it is stated that the portions of the applicant's claim has been contest by the claims administrator. The applicant is alleging cumulative trauma. The claims administrator apparently denied a request for an elbow MRI (magnetic resonance imaging), stating that the applicant had an earlier MRI in January 2012, which was essentially negative and that there have been no changes in the clinical presentation since that point. The applicant's attorney subsequently appealed. In electrodiagnostic testing of December 26, 2013, the applicant is described as having a normal electrodiagnostic testing of the bilateral lower extremities. A clinical progress note of October 3, 2013 is handwritten, sparse, difficult to follow, and not entirely legible. The applicant is described as having elbow, neck, hip, leg, and shoulder pain. Aquatic therapy, MRIs of the shoulders, MRIs of the elbow, cervical spine, knees, and electrodiagnostic testing are all endorsed, along with physical therapy, and acupuncture. The applicant is asked to discontinue ibuprofen and begin Naprosyn. The applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELBOW MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 42..

Decision rationale: While the updated 2007 ACOEM Elbow Chapter in table 4, page 42 does state that MRI (magnetic resonance imaging) is "recommended" for suspected ulnar collateral ligament tears and is "not recommended" for suspected epicondylalgia, in this case, however, it is not clearly stated what the attending provider suspects. The documentation on file is sparse, handwritten, and very difficult to follow. No clear diagnosis, differential diagnosis, or suspected diagnosis has been set forth here. The attending provider seemingly ordered MRI imaging studies of multiple body parts, including the shoulders, neck, elbows, knees, etc. There is no mention of any focal pathology such as suspected ulnar collateral ligament tear and/or any mention that the applicant is considering elbow surgery. There is no evidence that the applicant is considering a surgical remedy for which preoperative MRI imaging would be indicated. For all of the stated reasons, then, the request is not certified, owing to the lack of supporting information.