

Case Number:	CM13-0062836		
Date Assigned:	04/02/2014	Date of Injury:	07/09/2013
Decision Date:	05/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 expert 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 57-year-old male with date of injury 7/9/13. The treating physician orthopedic evaluation report dated 11/6/13 indicates that the patient presents with chronic pain affecting the right elbow with associated stiffness, numbness and tingling of the right ring finger. The current diagnosis is, "industrial injury to the right elbow." The utilization review report dated 11/22/13 denied the request for MRI (magnetic resonance imaging of the right elbow based on the rationale that the patient had not exhausted conservative treatments.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI (magnetic resonance imaging)

Decision rationale: The patient presents 4 months post right elbow injury. The current request is for right elbow MRI (magnetic resonance imaging). The treating physician report indicates that

the patient has continued right elbow pain. According to the physician notes, "the patient has undergone x-rays then prescribed medication as well as elbow brace for this condition. He has received 5 sessions of physical therapy and has continued to work without restrictions through 8/12/13. At which point he was terminated." It appears that the patient underwent MRI of elbow on December 2013 without authorization and it showed tear of the radial collateral ligament as well as partial tear of the common extensor tendon. The MTUS guidelines do not address MRIs. The Official Disability Guidelines (ODG) states that elbow MRI is indicated for, "Chronic elbow pain, suspect collateral ligament tear; plain films non-diagnostic." Given the suspicion for ligament injury/tear with persistent elbow pain despite conservative care, an MRI was appropriate and consistent with ODG guidelines. The recommendation is for authorization.