

Case Number:	CM13-0064225		
Date Assigned:	05/07/2014	Date of Injury:	01/17/2008
Decision Date:	07/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 injured worker is a 44-year-old female who reported an injury on 01/08/2008; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 10/08/2013, the injured worker reported constant cervical spine pain and lumbar spine pain rated 5/10 to 8/10, with tingling and numbness bilaterally in the lower extremities. The injured worker reported intermittent left elbow pain rated 5/10. A physical exam revealed that the left elbow had no signs of bruising, swelling, atrophy, or lesions. The range of motion in the left elbow was painful, with +3 tenderness to palpation of the posterior elbow. The diagnoses include cervical disc syndrome, lumbar disc protrusion, right shoulder bicipital tenosynovitis, left elbow sprain/strain and right lateral epicondylitis. The Request for Authorization was not provided within the submitted medical records, or the rationale for the request.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the criteria for ordering imaging studies include: if the study results will substantially change the treatment plan; an emergence of a red flag; or a failure to progress in a rehabilitation program. The Official Disability Guidelines indicate that epicondylitis (lateral "tennis elbow" or medial-in pitcher's, golfers, and tennis players) is a common clinical diagnosis, and an MRI is usually not necessary. During the physical exam, the injured worker did not present any significant signs of red flags in the left elbow nor did it indicate that imaging studies would corroborate a substantial change in the treatment plan. Furthermore, the patient was reported to have completed a shockwave physical. It is unknown if the therapy had failed and it does not show a failure to progress in a rehabilitation program. As such, the request is not medically necessary.