

Case Number:	CM13-0064812		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2012
Decision Date:	04/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/12/2013

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 Radiologist is licensed to practice in Texas. 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 patient is a 42 year old male who reported an injury on 02/14/2012 when he lifted a heavy box that reportedly caused injury to his right upper extremity. The patient developed lateral epicondylitis. The patient was evaluated on 11/11/2013. At the time of evaluation, it was noted that the patient had restricted range of motion of the elbow documented -5 degrees in extension and 125 degrees in flexion with pain with resistance and tenderness to palpation over the lateral epicondylitis. The patient was diagnosed with chronic lateral epicondylitis. A recommendation was made for an MRI of the upper extremity due to a significant increase in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the upper right extremity without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The requested MRI of the right upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend imaging studies for patients who have failed to progress through a rehabilitation program and are

surgical candidates, or if there is emergence of red flag symptoms, or if an imaging study will substantially change the patient's treatment plan. The clinical documentation submitted for review does not provide any evidence that the patient received any conservative therapy for what was considered an acute exacerbation of the patient's chronic pain. Additionally, there was no documentation that the patient was a surgical candidate that required an imaging study prior to surgical intervention. Also, there was no documentation of red flag diagnoses that would warrant an imaging study. As such, the requested MRI of the right upper extremity was not medically necessary or appropriate.