

Case Number:	CM14-0016678		
Date Assigned:	04/11/2014	Date of Injury:	06/13/2012
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 Emergency 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 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 30-year-old male who was injured on June 13, 2012. The patient continued to experience pain in his right elbow. Physical examination was notable for surgical scar, mild decrease in elbow extension and mild pain on supination and pronation. Diagnosis was status post surgery for right chronic lateral epicondylitis. MRI, done on July 12, 2012, showed evidence of damage to the common extensor tendon and left lateral collateral ligament strain. Treatment included right elbow surgery on April 26, 2013 and physical therapy. Second MRI of the right elbow was done postoperatively. The date of service and report are not available. Request for authorization for MRI of the right elbow was submitted for consideration.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the MTUS Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), pages 601-602.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), page 233.

Decision rationale: Criteria for ordering imaging studies for elbow complaints are emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed and possibility that the imaging study results will substantially change the treatment plan. In this case the patient continued to complain of pain, but the physical limitations on examination were minimal. Range of motion was normal except in extension where it lacked 5 degrees. There was insufficient change in the patient's condition to warrant further imaging. In addition the patient had received an MRI after his surgery. Medical necessity has not been established. The request for an MRI of the right elbow is not medically necessary or appropriate.