

Case Number:	CM14-0017679		
Date Assigned:	04/16/2014	Date of Injury:	11/15/2012
Decision Date:	10/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Pain Management 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 24 year-old male who sustained an injury on November 5, 2012. He is diagnosed with (a) right elbow lateral epicondylitis, (b) right elbow/forearm sprain/strain, (c) right wrist ganglion cyst, (d) right wrist rule out median neuropathy, (e) right wrist rule out radial tunnel syndrome, (f) right index finger mass surgical pathological excision, (g) gastritis, and (h) stress, anxiety, and depression. He was seen on January 24, 2014 for an evaluation. He complained of constant pain in the right elbow. He reported reduced range of motion. An examination revealed tenderness over the medial and lateral epicondyles.

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 OFFICIAL DISABILITY GUIDELINES, FOREARM, ELBOW (ACUTE AND CHRONIC)

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

Decision rationale: The request for magnetic resonance imaging (MRI) scan of the right elbow is not medically necessary at this time. From the reviewed medical records, it has been

determined that a prior magnetic resonance imaging (MRI) scan of the right elbow was obtained on May 4, 2013 and revealed unremarkable findings. According to the guidelines, repeat magnetic resonance imaging (MRI) scans are only limited to those who have significant change in symptoms and/or findings that are suggestive of significant pathology. Based on the clinical scenario of the injured worker, this has not been substantiated objectively. Hence, the request for magnetic resonance imaging (MRI) scan of the right elbow is not medically necessary at this time.