

Case Number:	CM14-0139727		
Date Assigned:	09/05/2014	Date of Injury:	01/07/2013
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on January 7, 2013. The most recent progress note, dated August 4, 2014, indicated that there were ongoing complaints of mild right hand and upper extremity pain as well as numbness and tingling in her left fifth finger. Current medications include Abilify, aspirin, atenolol, famotidine, fluconazole and lovastatin. The physical examination revealed swelling of the right elbow and negative varus/valgus stress testing. There were tenderness of the lateral epicondyle and a positive Tinel's test. Neurological examination revealed decreased sensation over the left little finger. Diagnostic nerve conduction studies of the upper extremities were performed on August 5, 2013 and revealed moderate right sided and mild left sided carpal tunnel syndrome. Previous treatment included therapy, acupuncture, and oral medications. A request had been made for an MRI the right elbow as well as EMG and NCS studies of the left upper extremity and was denied in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter

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, Updated May 15, 2014.

Decision rationale: According to the Official Disability Guidelines, an MRI of the elbow is only indicated for chronic elbow pain, if plain films are nondiagnostic. The attached medical record does not indicate that prior plain films of the elbow have been obtained. As such, this request for an MRI of the right elbow is not medically necessary.