

Case Number:	CM14-0157158		
Date Assigned:	09/30/2014	Date of Injury:	10/21/2005
Decision Date:	11/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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 48-year-old female who was injured on October 21, 2005. The patient continued to experience pain in left shoulder, left elbow, and left wrist. Physical examination was notable for decreased range of motion and tenderness to the left shoulder and left wrist. Diagnoses included left wrist sprain, and left shoulder sprain. Treatment included medications, surgery, and physical therapy. Request for authorization for MRI of the left 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 (magnetic resonance imaging) left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Elbow: MRIs

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: MRI's of the elbow are indicated for the following:-Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic- Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - nondiagnostic- Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic- Chronic elbow pain,

suspect nerve entrapment or mass; plain films nondiagnostic- Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic- Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case the medical necessity for the MRI of the left elbow is not supported in the medical record. There is no documented physical examination of the left elbow in the medical record. Medical necessity has not been established. The request is not medically necessary.