

Case Number:	CM14-0166245		
Date Assigned:	10/13/2014	Date of Injury:	02/01/2013
Decision Date:	12/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 underlying date of injury in this case is 02/01/2013. The date of the utilization review under appeal is 09/18/2014. On 09/08/2014, the patient was seen in treating physical rehabilitation physician follow-up with regard to a right elbow strain with lateral epicondylitis. The patient was noted to have right elbow pain at 6-7/10 which did not improve with prior treatment including an injection. The plan was to order an MRI of the right elbow to rule out a tear of the common extensor origin. Previously on 04/10/2014, an orthopedic qualified examiner reviewed the patient's medical history and that an MRI of the right elbow had shown common extensor partial-thickness tear and tendinosis consistent with lateral epicondylitis. That surgeon recommended initial conservative treatment and then possible surgery depending on the patient's response to treatment. An initial physician review recommended non-certification of a repeat MRI of the right elbow, with the rationale that the physician was ordering physical therapy at the same time as the MRI. In addition, it was non-certified given that the clinical information lacked documentation related to the patient's not responding to physical therapy and lacked documentation to relate it to tissue insult or neurological dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right elbow MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 609.

Decision rationale: The ACOEM Guidelines, Chapter 10/Elbow, revised, page 609, discuss imaging for elbow disorders. This guideline specifically recommends MRI for suspected ulnar collateral ligament tears and states that MRI is not recommended for suspected epicondylalgia. The medical records at this time contain limited information to discuss a rationale for a repeat MRI. The treating physician does indicate the possibility of a common extensor tear as a prior MRI did, in fact, document a partial tear in this region. It is unclear why a repeat MRI would be indicated unless the MRI was recommended by a surgeon as part of surgical planning. Otherwise it is unclear how the requested MRI would change the patient's diagnosis and management; particularly as such an MRI is discouraged by the treatment guidelines. For this reasons, this request is not medically necessary.