

Case Number:	CM14-0175910		
Date Assigned:	10/29/2014	Date of Injury:	09/03/2014
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational Medicine 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:

This is a 48 year old male with a 9/3/14 injury date. The patient injured his left elbow while pulling the emergency brake. In an ortho consult on 10/7/14, subjective findings included left lateral elbow pain that was constant, and difficulty squeezing and gripping objects. Objective findings included full range of motion with pain over the lateral epicondyle, tenderness over the lateral epicondyle, increased pain with resisted wrist extension, positive Tinel's sign over the carpal and cubital tunnels, positive Durken's and Phalen's signs, and reduced grip strength compared to the contralateral. A cortisone injection was recommended but the patient declined. Diagnostic impression: lateral epicondylitis. Treatment to date: medication. A UR decision on 10/16/14 denied the request for left elbow MRI on the basis that an MRI is generally not indicated in the diagnosis of lateral epicondylitis, the patient has only tried medication for prior conservative treatment, and there were no red flags or other significant objective findings that would support doing the study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter, MRI.

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

Decision rationale: CA MTUS does not address this issue. ODG criteria for MRI studies of the elbow include chronic elbow pain, non-diagnostic plain films, and suspected elbow pathology likely to be visible on MR imaging. However, there are no objective findings on exam that would suggest a diagnosis other than routine epicondylitis, or that would otherwise indicate the necessity of an elbow MRI. MRI is generally not indicated in the work-up of epicondylitis. In addition, the patient has not exhausted the routine conservative treatment methods for this condition. Therefore, the request for MRI of the left elbow is not medically necessary.