

Case Number:	CM14-0022962		
Date Assigned:	02/25/2014	Date of Injury:	07/15/2013
Decision Date:	08/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for elbow pain reportedly associated with an industrial injury of July 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; reported diagnosis with elbow epicondylitis and rotator cuff syndrome; topical applications of heat and cold; muscle relaxants; and reportedly negative x-rays of the shoulder and elbow, per the claims administrator. In a Utilization Review Report dated February 13, 2014, an elbow MRI was apparently denied. The claims administrator cited non-MTUS 2008 ACOEM Guidelines and mislabeled the same as originating from the MTUS. The claims administrator stated that the applicant had had clinically-evident lateral epicondylitis which did not warrant MRI imaging to establish. The applicant subsequently appealed. It appears that the elbow MRI was requested via handwritten PR2 progress report dated January 29, 2014, difficult to follow, not entirely legible, and notable for comments that the applicant was placed off of work, on total disability, for an additional six weeks. The applicant was given diagnosis of rotator cuff syndrome and lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT MRI RIGHT ELBOW W/O CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 4, page 42.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 10, Table 4, page 42, MRI imaging for suspected epicondylalgia is "recommended against." In this case, the attending provider has not furnished any compelling applicant-specific rationale, narrative commentary medical evidence which would offset the unfavorable ACOEM recommendation. No rationale for pursuit of the elbow MRI was furnished. The documentation on file was sparse, handwritten, not entirely legible, contained little or no narrative commentary, and relied almost exclusively on preprinted checkboxes. No information was provided which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary and appropriate.