

Case Number:	CM14-0054893		
Date Assigned:	07/07/2014	Date of Injury:	06/19/2012
Decision Date:	09/10/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 40-year-old male with a 6/19/12 date of injury. The mechanism of injury was when he was unloading furniture and tilted a sofa recliner to push it to the edge of a trailer he felt pain in his right forearm, close to the elbow. According to a progress report dated 3/5/14, the patient had been given an elbow injection however he stated that it did not help at all. He has had six weeks of acupuncture treatment with some improvement in his symptoms. He cannot take medications because of his liver problems. Objective findings: Cozen's test is positive, lateral right elbow is tender to palpation; left lateral elbow is tender to palpation. Diagnostic impression: right lateral epicondylitis, status post common extensor tendon release; left lateral epicondylitis from compensating for the right elbow. Treatment to date: medication management, activity modification, right elbow surgery in 2013, cholecystectomy in 2012, acupuncture. A UR decision dated 3/27/14 denied the request for magnetic resonance imaging (MRI) of right elbow. The MRI was requested due to ongoing pain and failure to respond to injections. However, there were no findings suggestive of other significant elbow pathology, such as nerve entrapment or instability to warrant an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Elbow: Overturned

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

Decision rationale: The magnetic resonance imaging (MRI) may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. However, this patient is status post common extensor release and likely has an anatomical derangement. The described mechanism of injury points to disruption of his previous surgical repair. His lack of response to steroid injection also points to likely surgical pathology. Therefore, the request for MRI Right Elbow is medically necessary.