

Case Number:	CM14-0074119		
Date Assigned:	07/18/2014	Date of Injury:	07/24/2013
Decision Date:	09/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 records presented for review indicate that this 43 year-old individual was reportedly injured on 7/24/2013. The mechanism of injury is not listed. The most recent progress note, dated 5/21/2014. Indicates that there are ongoing complaints of right upper extremity pain. The physical examination demonstrated right wrist: well healed incision. Right shoulder: full reflection 160, abduction 165, internal rotation to the SI joint with pain. Positive Hawkins, and Positive Neer. Right elbow: pain with resisted wrist extension. Tenderness to palpation at the lateral epicondyle. No recent diagnostic studies are available for review. Previous treatment includes carpal tunnel release, physical therapy, medications, and conservative treatment. A request had been made for MRI of the cervical spine, and right elbow, and was not certified in the pre-authorization process on 4/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Guidelines state MRIs are recommended in the evaluation of an adult elbow for many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendon, antibody the owner, radio, or medial nerve. Indications for imaging include suspected intra-articular osteocartilaginous body, suspected occult injury, unstable osteochondral injury, suspected nerve entrapment or mass, suspected chronic epicondylitis, or collateral ligament tear, and suspected biceps tendon tear and/or bursitis. After review the medical records provided, it is noted the injured worker did have some tenderness to palpation of the lateral epicondyle out, however there is no indication that it is chronic. Therefore, lacking further documentation, this request is deemed not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: ACOEM treatment guidelines support and MRI of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records report no evidence of radiculopathy. As such, the request is not considered medically necessary.