

Case Number:	CM14-0081614		
Date Assigned:	07/18/2014	Date of Injury:	11/03/2009
Decision Date:	09/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Interventional Spine 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 patient is a 37-year-old male with an injury date of 11/03/2009. Based on the 04/29/2014 progress report, the patient notes a pain in both his right and left elbows, with the right side being worse than the left. He describes the pain as throbbing and radiates down to his forearms, into his hands, and into the 1st, 2nd, and 3rd fingers which go numb. The pain increases with activities and he has been using ice and massage to alleviate his pain. The patient has tenderness along the radial tunnel of both elbows. Patient's diagnoses include the following: Status post bilateral epicondyle releases; Rule out bilateral radial tunnel syndrome; Rule out carpal tunnel syndrome. The utilization review determination being challenged is dated 04/09/2014. Two treatment reports were provided from 04/29/2014 and 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Magnetic Resonance Imaging of the left elbow without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

guidelines has the following regarding elbow MRI:(<http://www.odg-twc.com/odgtwc/elbow.htm>).

Decision rationale: Based on the 04/29/2014 progress report, the patient presents with pain in both the right and left elbows. The request is for an outpatient magnetic resonance imaging of the left elbow without contrast to have updated MRI scans of the elbows and electrodiagnostic testing of bilateral upper extremities. It appears as though the patient had a previous MRI. However, there are no findings provided nor is there a date given as to when this MRI occurred. The Official Disability Guidelines (ODG) regarding an MRI of the elbow indicates, "Magnetic resonance imaging may provide important 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." In this case, the patient has persistent left and right elbow pain, but there is no reasoning provided as to why the patient needs an updated MRI. Therefore, the request for outpatient magnetic resonance imaging of the left elbow without contrast is not medically necessary and appropriate.