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| Case Number: | CM14-0090818 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 03/21/2012 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 injured worker is a this 51-year-old individual was reportedly injured on March 21, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note indicated that there were ongoing complaints of elbow and shoulder pains with numbness and tingling in the ring and small fingers. The physical examination demonstrated tenderness over the left cubital tunnel and medial epicondyles. Tinel's sign and cubital tunnel compression testing were positive. There was crepitus about the shoulder as well as tenderness. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, surgical intervention and other pain management interventions. A request had been made for magnetic resonance image cervical spine and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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 Cited).

Decision rationale: The records reflect that there were a diagnoses of a medial epicondylitis as well as a cubital tunnel syndrome. There were symptoms of soreness in the shoulder as well as tingling in the distal upper extremity. There was a note narrative relative to any cervical spine complaints. There was no discussion as to why a magnetic resonance image of the cervical spine was being sought when noting that the local physical examination findings are explained by the diagnosis offered. Therefore, based on the limited clinical information presented for review and taking into account the parameters outlined in the California Medical Treatment Utilization Schedule, there is no medical necessity presented for this study.