

Case Number:	CM13-0007178		
Date Assigned:	01/10/2014	Date of Injury:	04/06/2000
Decision Date:	05/05/2015	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old female, who sustained an industrial injury on 4/6/2000. The current diagnosis is lateral and medial epicondylitis bilaterally. According to the progress report dated 5/21/2013, the injured worker complains of bilateral elbow pain. The physical examination of the elbows reveals tenderness to palpation over the lateral and medial epicondylar areas. The current medications are Valium, Norco, Ambien, and Zanaflex. Treatment to date has included medication management. The plan of care includes MRI of the right elbow and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRI OF THE RIGHT ELBOW WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 2, Summary of Recommendations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic), MRI.

Decision rationale: The Official Disability Guidelines recommend an MRI of the elbow if plain films are non-diagnostic and red flags are present. Indications include suspicion of intra-articular osteocartilaginous body, occult osteochondral injury, unstable osteochondral injury, nerve entrapment, chronic epicondylitis, collateral ligament tear, and suspicion of biceps tendon tear or bursitis. The medical record fails to document sufficient findings indicative of the above diagnostic criteria which would warrant an MRI of the elbow. One MRI of the right elbow without contrast is not medically necessary.