

Case Number:	CM14-0119764		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2013
Decision Date:	04/21/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/29/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45-year-old female, who sustained an industrial injury on August 20, 2013. The injured worker reported left arm pain radiating to elbow. The injured worker was diagnosed as having lateral and medial epicondylitis left elbow. A progress note dated June 3, 2014 the injured worker complains of left elbow pain. Physical exam notes tenderness and restricted range of motion (ROM) with good ligamentous stability. It is noted the plan is to continue to await authorization for magnetic resonance imaging (MRI) of elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Elbow Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: According to the guidelines, an MRI of the elbow is recommended for ulnar collateral ligament tears. It is not indicated for suspected epicondalgia. In this case, the claimant had elbow pain and a diagnosis of epicondylitis. There was no clinical indication that the symptoms were due to a ligament tear. As a result, the request for an MRI of the elbow is not medically necessary.