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| Case Number: | CM14-0189606 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 09/19/2013 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Occupational medicine 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:

Patient is a 48 year-old male with date of injury 09/19/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/01/2014, lists subjective complaints as pain in the left elbow that radiates to the left shoulder. Objective findings: Examination of the left shoulder was not documented by the provider. Diagnosis: Chronic low back pain secondary to grade 2 anterolisthesis of L5 over S1 2. Chronic left hip pain 3. High blood pressure 4. Chronic left shoulder pain 5. Insomnia secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left upper arm and elbow, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs

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

Decision rationale: The Official Disability Guidelines recommend an MRI of the elbow if plain films are nondiagnostic 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. MRI of the left upper arm and elbow is not medically necessary.