

Case Number:	CM14-0195366		
Date Assigned:	12/03/2014	Date of Injury:	10/30/2013
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of October 30, 2013. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for an elbow MRI. The claims administrator stated that its decision was based on RFA forms of July 3, 2014, September 4, 2014, and October 31, 2014. The claims administrator referenced previous Utilization Review Report in its decision as well. The elbow MRI issue was apparently performed, despite the adverse utilization review determination, on November 4, 2014, and was read as negative. In a progress note dated October 31, 2014, handwritten, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability through January 8, 2014. MRI imaging of the elbow was sought. The applicant is status post earlier shoulder arthroscopy and also had ancillary complaints of neck pain, it was noted. Tenderness is appreciated about the elbow epicondylar region. Physical therapy was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Elbow (updated 10/20/14)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, MRI imaging is "recommended against" for applicants with suspected Epicondylalgia, as was seemingly present here on or around the date in question. The attending provider did not furnish any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable ACOEM position on article at issue. The handwritten progress note did not clearly state how the proposed elbow MRI would influence or alter the treatment plan. Ultimately, it is noted that the elbow MRI was performed, was negative, and did not seemingly alter the treatment plan in any way. Therefore, the request was not medically necessary.