

Case Number:	CM14-0203538		
Date Assigned:	12/16/2014	Date of Injury:	06/03/2013
Decision Date:	03/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 44 year old female with an injury date of 06/03/13. As per progress report dated 09/09/14, the patient complains of pain in right shoulder, right arm and left knee. The arm feels "tired" while the knee is swollen when walking. The patient feels the "bones are rubbing against each other." In progress report dated 09/03/14, the right shoulder pain is rated at 5/10. There is tenderness in the lateral aspect of the shoulder. Flexion is at 130 degrees and abduction is at 100 degrees. Physical examination of the right elbow reveals tenderness in the medial epicondyle along with painful extension. There is diffused swelling in the right hand accompanied with painful end range motion. In progress report dated 08/06/14, the patient complains of constant pain in the right hand and right shoulder rated at 6/10. MRI of the Right Shoulder (date not mentioned), as per progress report dated 08/06/14:- Supraspinatous tendinosis- Bicep tendinosis- Effusion- Bursitis MRI of Left Knee, 07/17/14:- Anterior cruciate ligament sprain/partial tear- Ganglion cyst in the Hoffa's fat pad- Small subchondral cyst in the lateral tibial condyle- Marrow reconversion in distal femur- Wiberg type 2 patella showing lateral subluxation EMG of Bilateral Upper Extremities, 07/30/14: Mild cervical nerve root abnormalities involving C5-6, greater on the left Diagnoses, 09/03/14:- Right shoulder bursitis- Right shoulder tendinosis- Right elbow epicondylitis- Right wrist (illegible) The utilization review determination being challenged is dated 11/17/14. Treatment reports were provided from 07/15/14 - 11/13/14.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 33 and ODG, Elbow Chapter, MRIs

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

Decision rationale: The patient presents with pain in right shoulder, right arm and left knee, as per progress report dated 09/09/14. The request is for MRI of the right elbow. ODG guidelines, chapter 'Elbow (acute & chronic)' and topic 'MRI's', recommends the imaging studies when there is "Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic." In this case, the progress reports are handwritten and not very legible. A review of the available reports does not indicate prior MRI. The treater does not provide a reason for this request. However, physical examination reveals tenderness in the medial epicondyle along with painful extension. An MRI can help the treater plan future treatment. ODG guidelines also support MRIs in patient with a suspicion of epicondylitis. This request IS medically necessary.