

Case Number:	CM14-0205729		
Date Assigned:	12/17/2014	Date of Injury:	12/14/2007
Decision Date:	02/25/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 12/14/2007. The date of Utilization Review under appeal is 11/17/2014. The patient was seen in primary treating physician followup on 09/22/2014. At that time the patient was seen in followup of a cervical disc syndrome and left rotator cuff syndrome with right shoulder tendinitis, bilateral carpal tunnel syndrome, and possible fibromyalgia. The patient reported postoperative low back pain at that time, as well as right shoulder pain and bilateral elbow pain rated as 5/10 with associated numbness. The patient had normal strength of the upper extremities. The treatment plan included an MRI of the lumbar spine and an MRI of the right shoulders. Previously on 08/11/2014 the treating physician noted that an MRI of the bilateral elbows was pending authorization in order to evaluate the patient's ongoing radiculopathy complaints to rule out cubital tunnel syndrome. A specific physical examination of the elbow was not documented other than normal strength in the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 609.

Decision rationale: ACOEM Guidelines, Chapter 10, Elbow-Revised page 609 discusses recommendations for evaluating elbow disorders. Radiographic findings, particularly MRI imaging, is recommended for very specific soft tissue or bony injury such as to rule out an ulnar collateral ligament tear. The guidelines do not support an indication for an elbow MRI to evaluate for a focal nerve compression or radiculopathy, as has been discussed in the medical records. Overall, the medical records and guidelines do not support the current request. This request is not medically necessary.