

Case Number:	CM14-0208939		
Date Assigned:	12/22/2014	Date of Injury:	06/09/2013
Decision Date:	02/18/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, 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:

This is a 42 years old male patient who sustained an injury on 6/9/2013. He sustained the injury while pushing a heavy object in a cart. The current diagnoses include right forearm chronic sprain with tendinitis and epicondylitis, disuse atrophy of the right upper extremity and anxiety and depression related to chronic pain. Per the doctor's note dated 11/18/14, he had complaints of pain in his right elbow and forearm; right shoulder pain. The physical examination revealed moderate tenderness in the right forearm/elbow including the medial and lateral epicondyles, clicking and popping while pronating and supinating the right forearm, limited motor strength in right arm distally due to pain and negative Tinel's sign. The medications list includes nucynta. He has had a MRI of the right elbow dated 12/9/2013 which revealed suspected lateral epicondylitis. Previous operative or procedure note related to the injury was not specified in the records provided. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter:Elbow (updated 10/20/14) MRI's.

Decision rationale: Per the ACOEM guidelines, "Criteria for ordering imaging studies are- The imaging study results will substantially change the treatment plan, Emergence of a red flag, Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed." Per the guidelines "For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms". Per the records, provided patient has already had MRI right elbow dated 12/9/2013, which revealed suspected lateral epicondylitis. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)." Significant change in the patient's condition since this MRI that would require MRI Arthrogram of the right elbow is not specified in the records provided. Response to a prior conservative therapy including, physical therapy visits and pharmacotherapy is not specified in the records provided. Evidence of red flags is not specified in the records provided. The medical necessity of MRI Arthrogram of the right elbow is not fully established for this patient at this juncture.