

Case Number:	CM15-0001330		
Date Assigned:	01/12/2015	Date of Injury:	06/04/2014
Decision Date:	03/19/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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:

The injured worker is a 46 year old male, who sustained a work/industrial injury on 6/4/14 with injury to the right shoulder, arm, wrist, and hand. He has reported no improvement in symptoms of pain 5/10 to right elbow that shoots up to shoulder. Mechanism of injury was not provided. Physical exam noted no swelling/ecchymosis, full range of motion without pain elicited, focal tenderness on right lateral epicondyle. The diagnoses included right medial epicondylitis, right elbow; right elbow; right shoulder strain. Treatment to date has included medication (non-steroidal anti-inflammatory drugs (NSAIDs), splinting, conservative treatment (ice), physical therapy, and orthopedic referral. Diagnostics included a right elbow x-ray on 6/4/14 that was normal. The magnetic resonance imaging (MRI) of the right elbow without contrast noted a small joint effusion, partial thickness under surface tear of the common extensor tendon at its attachment and the lateral epicondyle consistent with a clinical syndrome of lateral epicondylitis. On 12/18/14 Utilization Review (denied) non-certified a 3D Magnetic Resonance Imaging (MRI) per the Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI with rendering and interpretation for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

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

Decision rationale: According to guidelines it states an MRI is needed for suspected ulnar collateral ligament tears. According to the medical records the patient has a past MRI there is no indication states as to why an additional MRI is needed. Therefore, the request is not medically necessary.