

Case Number:	CM15-0001386		
Date Assigned:	01/12/2015	Date of Injury:	01/25/2010
Decision Date:	04/03/2015	UR Denial Date:	12/09/2014
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, Arizona

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 injured worker is a 57-year-old male who reported an injury on 01/25/2010. The mechanism of injury was due to cumulative trauma. His diagnoses include left shoulder impingement syndrome, left carpal tunnel syndrome, and left elbow pain. His past treatments included a TENS unit, surgery, and medication. On 11/20/2014, the injured worker complained of left shoulder pain that radiated down his left arm. The injured worker also complained of increased pain and decreased range of motion, with associated numbness over the past year. The physical examination revealed limited range of motion of 50% and strength rated 2/5 in the left upper extremity. The injured worker was noted to have tenderness to palpation in the left shoulder and taut muscle bands in the shoulder and neck region. The treatment plan included a request for MRI due to changes in pain. A Request for Authorization form was submitted on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast of left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

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

Decision rationale: The request for MRI with contrast of the left elbow is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed until after a 4 week period of conservative care and observation has failed to improve symptoms. The exceptions for diagnostic studies include: unexplained physical findings such as effusion or localized pain following exercise; when surgery is being considered for a specific anatomic defect; or to further evaluate potentially serious pathology such as a possible tumor when clinical examination suggests the diagnosis. The injured worker was indicated to have left elbow pain. However, there was a lack of documentation upon physical examination that the injured worker had significant tissue insult and neurologic dysfunction; had effusion or localized pain following exercise; or was indicating surgery for the left elbow; or change in pathology such as a tumor. Furthermore, there was lack of documented conservative care for at least 4 weeks on examination prior to the request. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.