

Case Number:	CM15-0104716		
Date Assigned:	06/09/2015	Date of Injury:	02/13/2015
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 52 year old male, who sustained an industrial injury on 2/13/2015. He reported injury while exiting a tractor. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain, right shoulder bursitis, right shoulder impingement syndrome, left shoulder bursitis and left shoulder impingement syndrome. Bilateral lower extremities electromyography (EMG) was within normal limits and lumbosacral x ray showed mild degenerative lumbar spondylosis. Treatment to date has included chiropractic care and medication management. In a progress note dated 3/12/2015, the injured worker complains of pain in the lumbar spine-rated 8/10, right shoulder pain-rated 4/10 and left shoulder pain-rated 6/10. Physical examination showed lumbar paravertebral tenderness with muscle spasm and muscle spasm of the right shoulder. There is no documentation provided noting elbow issue. The treating physician is requesting right elbow magnetic resonance imaging.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): s 33-34 and 42.

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

Decision rationale: According to MTUS guidelines, MRI of the elbow is not recommended for epicondyle pain. There is no documentation noting elbow issues. Therefore, the request for right elbow MRI is not necessary.