

Case Number:	CM15-0014397		
Date Assigned:	02/02/2015	Date of Injury:	12/19/2012
Decision Date:	04/17/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 43-year-old male, who sustained an industrial injury on 12/19/2012. The diagnoses have included bilateral lateral epicondylitis. Treatment to date has included physical therapy and pain medications and steroid injections to the left elbow. According to the progress report dated 12/5/2014, the injured worker underwent orthopedic evaluation regarding injury to his bilateral elbows. The injured worker complained of continuous left elbow pain aggravated by lifting, carrying, gripping and grasping. The pain was rated 3 out of 10. He also complained of continuous right elbow pain radiating to the forearm and aggravated by lifting, carrying, gripping and grasping. The right elbow pain was rated 8 out of 10. Physical exam revealed tenderness to palpation of the forearm extensors and lateral epicondyle bilaterally. The progress note indicated that the injured worker had been referred for magnetic resonance imaging (MRI) of the left elbow in the past; results were not included. Authorization was requested for magnetic resonance imaging (MRI) of the bilateral elbows to rule out tears. On 1/14/2015 Utilization Review (UR) non-certified a request for magnetic resonance imaging (MRI) of the left elbow. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the left elbow. The records document a physical exam revealed tenderness to palpation of the forearm extensors and lateral epicondyle bilaterally but no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red flags, a MRI of the left elbow is not medically indicated. The medical necessity of a left elbow MRI is not substantiated in the records.