

Case Number:	CM15-0131380		
Date Assigned:	07/17/2015	Date of Injury:	05/29/2012
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: North Carolina
 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 an industrial injury on 5/29/12. Initial complaint was of a metal splinter becoming lodged into his thumb. The injured worker was diagnosed as having cubital tunnel syndrome; lateral epicondylitis; medial epicondylitis. Treatment to date has included physical therapy; right elbow cortisone injection (2/23/15); urine drug screening; medications. Currently, the PR-2 notes dated 5/26/15 indicated the injured worker complains of long-standing history of intermittent bilateral elbow pain on the medial aspect with intermittent right ring and small finger numbness. He has pain at night with and was seen six weeks ago and there is no change in his status. Further physical therapy was requested but not authorized. He last worked in September of 2014. The physical examination documents bilateral upper extremities with mild to moderate tenderness in the left medial epicondyle, full range of motion of all joints, intact motor, sensory, vascular function, mild pain on combined resisted left forearm pronation and wrist flexion, negative bilateral elbow flexion test, mildly positive Tinel's sign medial aspects of both elbows. Other medical documentation submitted indicate the injured worker has had a right elbow cortisone injection on 2/23/15. The provider is requesting authorization of MRI of the right elbow.

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). Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Elbow (acute & Chronic).

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

Decision rationale: The ACOEM chapter on elbow complaints and imaging states: 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 correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. Review of the provided medical records shows no red flags or failure in a rehabilitation program. Therefore, the request is not medically necessary.