

Case Number:	CM15-0132553		
Date Assigned:	07/20/2015	Date of Injury:	01/18/2014
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 1/18/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having left lateral elbow epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, physical therapy, massage and medication management. In a progress note dated 5/12/2015, the injured worker complains of neck pain and bilateral upper extremities pain, particularly the right wrist and left elbow. Physical examination showed tenderness in the right radial wrist and left lateral epicondyle. The treating physician is requesting left 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 left 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 - Treatment for Workers' Compensation-Online Edition, 2015, Chapter: Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 269.

Decision rationale: Regarding the request for MRI of the elbow, California MTUS and ACOEM recommend against the use of MRI for suspected epicondylalgia. Within the documentation available for review, the patient has been diagnosed with lateral epicondylitis and there is no indication of another condition for which an MRI would be supported. In the absence of clarity regarding those issues, the currently requested MRI of the elbow is not medically necessary.