

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0134416 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 10/12/2014 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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, Hawaii
 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 was a 37-year-old female, who sustained an industrial injury, June 21, 2014. The injury was sustained when the injured worker was pulling a large heavy rack back and forth. The injured worker previously received the following treatments home exercise program, physical therapy, Celebrex, cold pack, an allergy to Naproxen and random toxicology studies were negative for any unexpected findings on May 26, 2015. The injured worker was diagnosed with cubital tunnel syndrome, epicondylitis lateral, right elbow pain, weakness in the right elbow and right elbow stiffness. According to progress note of May 22, 2015, the injured worker's chief complaint was right elbow pain. The pain was rated at 2 out of 10, constant ache to 8 out of 10 by moving to the wrong way. There was tenderness with palpation at the lateral epicondyle. There was decreased range of motion of the right elbow, extension was 0, flexion was 120 degrees, supination was 40 degrees and pronation was 40 degrees. The treatment plan included a right elbow MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online, Elbow Chapter, MRI's.

Decision rationale: The patient presents with constant aching pain in the right elbow with occasional numbness in the right hand fingers. The current request is for MRI of the right elbow. The treating physician's report dated 5/22/15 (20B) states that the patient has failed to improve following x-ray of the elbow, medications and cortisone injection. MTUS guidelines do not address MRI. ODG states that "Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." In this case, the patient has had continued pain for over 10 months and has not had an MRI of the elbow. The current request is medically necessary to evaluate for ligamentous injury.