

Case Number:	CM15-0141585		
Date Assigned:	08/05/2015	Date of Injury:	04/06/2000
Decision Date:	09/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/21/2015

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: Emergency 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 63-year-old female who sustained an industrial injury on 4-6-00. Progress report dated 6-10-15 reports continued complaints of constant, burning, throbbing pain in both elbows. The pain is rated 4-5 out of 10 with medications and 8-9 out of 10 without medications. Diagnoses include medial epicondylitis, lateral epicondylitis and adjustment reaction with prolonged depression. Plan of care includes: prescribe Valium 10 mg, norco 10-325 mg, compounded topical cream with bupivacaine, ketamine and diclofenac, request MRI right elbow, continue exercise program. Work status: continue full duty. Follow up in 1 month.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, 42.

Decision rationale: As per ACOEM guidelines, imaging of elbow is only recommended for red flag findings, failure of improvement in pain or function with care and if it will change care. MRI of elbow was requested by pain specialist for "rule out epicondylitis". As per guidelines, epicondylitis is a clinical diagnosis. There has not been any documented conservative care of the affected elbow. There is no documentation of consultation with orthopedics and how MRI will change care. MRI of elbow is not medically necessary.