

Case Number:	CM15-0142859		
Date Assigned:	08/03/2015	Date of Injury:	03/03/2011
Decision Date:	09/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/23/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 52-year-old female who sustained an industrial injury on March 3, 2011 resulting in right elbow and wrist pain. She was diagnosed with ulnar nerve neuropathy, right lateral epicondylitis, and right carpal tunnel syndrome with thenar atrophy. Documented treatment has included use of a right elbow tennis brace, physical therapy, and medication with no report of relief. The injured worker continues to complain of right elbow pain, numbness, and impaired range of motion. The treating physician's plan of care includes MRI of the right elbow without contrast. She is currently working with restrictions.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, MRIs.

Decision rationale: Regarding the request for MRI of the right elbow without contrast, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. ODG supports the use of MRI of the elbow for chronic pain when plain film radiographs are negative and specific disorders are being considered. Within the documentation available for review, the diagnoses being suggested by the treating physician include ulnar neuropathy and lateral epicondylitis. These problems generally do not require MRI for diagnosis. Additionally, guidelines support the use of elbow imaging for chronic pain when plain films are non-diagnostic. No plain film radiographs have been included for review, and there is no suggestion of any diagnoses for which urgent MRI of the elbow would be indicated. In the absence of clarity regarding those issues, the currently requested MRI of the elbow is not medically necessary.