

Case Number:	CM15-0143282		
Date Assigned:	08/04/2015	Date of Injury:	01/04/2015
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
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: Arizona, California
 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(n) 62 year old female, who sustained an industrial injury on 1-4-15. She reported pain in her right upper extremity after a slip and fall accident. The injured worker was diagnosed as having right carpal tunnel syndrome and right cubital tunnel syndrome. Treatment to date has included a wrist brace, right hand x-rays and an EMG-NCV study on 4-14-15. As of the PR2 dated 6-29-15, the injured worker reports pain throughout her right upper extremity and numbness to her fingers. The treating physician noted full range of motion in the right elbow but it did cause pain. The treating physician requested an 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 Qty:1: Upheld

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

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

Decision rationale: According to the guidelines, an MRI of the elbow is recommended for suspected collateral ligament tears or red flag findings on x-rays. It is not recommended for epicondylitis. In this case, x-rays of the elbow showed only degenerative changes. There were no red flag findings. There was pain but full range of motion of the elbow. The request for an MRI of the elbow is not medically necessary.