

Case Number:	CM15-0144277		
Date Assigned:	08/05/2015	Date of Injury:	12/02/2010
Decision Date:	09/08/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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 54 year-old female who sustained an industrial injury on 12-02-10. She reported right shoulder and right elbow pain. The injured worker was diagnosed with having chronic multifactorial pain syndrome involving the neck and both upper extremities, right shoulder pain, right shoulder tendinitis, left shoulder pain, left shoulder tendinitis, and right medical epicondylitis. Diagnostic testing and treatment to date has included EMG/NCV, cortisone injections, physical therapy, and symptomatic medication management. Currently, the injured worker complains of chronic neck, right shoulder, and medial elbow pain. Her elbow pain increases with activity. Physical examination is remarkable for positive Tinel's sign at the medial right elbow, and bent elbow sign is positive. Requested treatments include MRI right elbow. The injured worker's status is not addressed. Date of Utilization Review: 06-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow (updated 2/27/15) online version MRI's.

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 right elbow, 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 cubital tunnel syndrome and medial 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 right elbow is not medically necessary.