

Case Number:	CM15-0149518		
Date Assigned:	08/12/2015	Date of Injury:	06/19/2014
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on June 19, 2014, incurring upper back, right shoulder and right elbow injuries. Cervical Magnetic Resonance Imaging revealed cervical spine sprain and disc bulging. He was diagnosed with cervical disc disease with disc bulging, right shoulder compression injury, right shoulder rotator cuff tear and right elbow epicondylitis. Treatment included physical therapy, acupuncture, chiropractic sessions, anti-inflammatory drugs, cortisone injections and activity restrictions. Currently, the injured worker complained of frequent aching right elbow pain rated 6 on a pain scale of 1 to 10, with activities. He noted guarding and stiffness and tenderness at the elbow joint. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) 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 elbow, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. The ODG more specifically states "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." Within the documentation available for review, it is apparent the patient has undergone extensive physical therapy for 28 sessions and continues to have significant pain. The issue is the progress note associated with this request lacks a detailed exam. The stated rationale for MRI was to rule out a tear, but the exam does not demonstrate any stability tests and only states the patient is guarding the right arm. Given this, the current request is not medically necessary.