

Case Number:	CM15-0166845		
Date Assigned:	09/04/2015	Date of Injury:	07/05/2004
Decision Date:	10/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York, West Virginia, Pennsylvania
 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 64 year old male, who sustained an industrial injury on 7-05-2004. He reported injury to his neck when pulling a pail on a roof that hung up. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included diagnostics, cervical spinal surgery, physical therapy, and medications. Currently (8-13-2015), the injured worker complains of right elbow deformity, with arthritis and cyst formation. He was adamant that he wanted his right elbow fixed and did not want to do anything else until his elbow was fixed. He was aware that he would need carpal tunnel release on the right. He had a fixed right arm at the elbow, holding it against his chest wall. Electromyogram and nerve conduction studies showed demyelination and axonal neuropathy involving the median nerve. He reported symptoms in his right elbow were aggravated during physical therapy for his right hand (3-2015). He reported that his elbow remained painful with a swollen area over the bursa region. He had edema and palpable osteophytes over the olecranon of the right elbow. He stated that every time he hit his elbow, it caused increased pain and swelling. He wanted surgical correction. The impression noted was right elbow pain with olecranon osteophytes and chronic triceps tendinitis. Current medication regimen was not documented. The treatment plan included 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:

One MRI without contrast of the right elbow as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

Decision rationale: Guidelines recommend imaging studies for emergence of a red flag, failure to progress in rehabilitation, evidence of neurologic dysfunction correctable with surgery, agreement by patient to undergo surgery. In this case, the claimant has olecranon bursitis but does not have any indication for surgical management and no signs of a loose body or mechanical issue. The request for MRI of the elbow is not medically appropriate or necessary.