

Case Number:	CM15-0193729		
Date Assigned:	10/07/2015	Date of Injury:	09/24/2013
Decision Date:	11/23/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic wrist, shoulder, and elbow pain reportedly associated with an industrial injury of December 24, 2013. In a Utilization Review report dated September 26, 2015, the claims administrator failed to approve a request for elbow MRI imaging. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant had apparently transferred care to a new primary treating provider (PTP). The applicant reported multifocal complaints of shoulder, arm, wrist, elbow, and hand pain with associated with right upper extremity paresthesias. The applicant had apparently alleged development of such symptoms secondary to cumulative trauma at work, it was reported. The applicant's BMI is 35, it was acknowledged. The applicant was not working and receiving both disability and indemnity benefits, the treating provider suggested. The applicant exhibited tenderness about the elbow epicondylar regions. MRI imaging of the shoulder, wrist, and elbow were all renewed in conjunction with electrodiagnostic testing of the bilateral upper extremities. A wrist splint and elbow brace were also endorsed, along with 12 sessions of physical therapy. Lidoderm patches, Naprosyn, and tramadol were also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI non contrast right elbow: Upheld

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

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

Decision rationale: No, the request for MRI imaging of the elbow is not medically necessary, medically appropriate, or indicated here. The applicant carried the diagnosis of elbow epicondylitis, the treating provider reported on the September 8, 2015 office visit at issue. However, the MTUS Guideline in ACOEM Chapter 10, Table 4, page 42 notes that MRI imaging for suspected epicondylalgia is deemed not recommended. Here, the attending provider's September 8, 2015 office visit did not furnish a clear or compelling rationale for pursuit of MRI imaging for elbow epicondylitis in the face of the unfavorable ACOEM position on the same. Little narrative support accompanied the request for authorization. The fact that MRI studies of the wrist, elbow, and shoulder were concurrently ordered strongly suggested that such studies were ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.