

Case Number:	CM15-0206517		
Date Assigned:	10/23/2015	Date of Injury:	10/16/2014
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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: North Carolina, Georgia
 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:

This injured worker is a 49 year old male who reported an industrial injury on 10-16-2014. His diagnoses, and or impressions, were noted to include: bilateral upper extremity overuse syndrome; and bilateral mild epicondylitis; sub-electrical bilateral carpal tunnel syndrome; and bilateral forearm tendinitis. No current imaging studies were noted. His treatments were noted to include: an Emergency Room visit for upper extremity pain (4-4-15); electrodiagnostic studies of the upper extremities (unknown date), noting negative findings; hand therapy; and rest from work. The progress notes of 9-16-2015 reported: increased left elbow pain, rated 5 out of 10, with warm tingling sensations, which were alleviated with medication. The objective findings were noted to include: mild tenderness along the lateral epicondyle of both elbows; and positive bilateral Phalen's test. The physician's requests for treatment were noted to include MRI of the bilateral elbows. The progress notes of 8-3-2015 noted bilateral elbow tenderness along the lateral epicondyle of both elbows with range-of-motion that was within normal range-of-motion. No Request for Authorization for MRI of the upper extremities, to include the bilateral elbows, was noted in the medical records provided. The Utilization Review of 9-25-2015 non-certified the request for MRI of the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the bilateral elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states that MRI is appropriate for use in chronic elbow pain unresponsive to conservative therapy when surgical intervention might be considered. It advises against repeat MRI unless there is substantial change in symptoms. In this case, there is documentation of failure of conservative therapy but no discussion of any plans for or indications for surgery. Lacking this, MRI of the elbows are not medically necessary.