MAXIMUS Federal Services

Case Number:	CM15-0026766		
Date Assigned:	02/19/2015	Date of Injury:	01/12/2014
Decision Date:	04/06/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/12/2015

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, California
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:

The injured worker is a 34 year old male with an industrial injury dated 01/12/2014 while turning a pizza. His diagnoses include lateral epicondylitis, wrist and forearm pain. Recent diagnostic testing has included an x-ray of the right elbow (no date) which was negative. Previous treatments have included conservative care, medications, physical therapy, and injection (04/16/2014). In a progress note dated 12/19/2014, the treating physician reports persistent right elbow pain and discomfort that has worsened since last injection. The objective examination revealed normal range of motion in the right elbow, no swelling, effusion or deformity, tenderness to palpation, lateral epicondyle tenderness, normal range of motion in the right wrist without tenderness, swelling or effusion, and no tenderness in the right hand and normal sensation. Patient has received 8 PT visits for this injury per the doctor's note dated 1/19/15 patient had complaints of right elbow pain physical examination of the right elbow revealed normal ROM, no swelling or effusion and tenderness on palpation. The medication list was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): table 10-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

Decision rationale: Request: MRI without contrast of the right elbow. MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter: ELBOW SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS-w Disorders 601 Criteria for ordering imaging studies are: Per the ACOEM guidelines, "Criteria for ordering imaging studies are; The imaging study results will substantially change the treatment plan, Emergence of a red flag, Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed."Per the records provided, any indication listed above was not specified in the records provided. Per the doctor's note dated 1/19/15 physical examination of the right elbow revealed normal ROM, no swelling or effusion. Any significant functional deficits of the right elbow that would require MRI without contrast of the right elbow was not specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The patient has received 8 PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. A plan for an invasive procedure of the right elbow was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request of a MRI without contrast of the right elbow is not fully established in this patient.