

Case Number:	CM15-0032658		
Date Assigned:	02/26/2015	Date of Injury:	05/27/2013
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/20/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 49-year-old female reported a work-related injury on 05/27/2013. According to the progress notes from the treating provider dated 1/15/15, the injured worker (IW) reports significant numbness in the lumbar spine and buttocks. Diagnoses include lumbar spine sprain/strain; lumbar facet syndrome and right olecranon bursitis. Previous treatments were medications, physical therapy and chiropractic treatment. The treating provider requests MRI of the right elbow without contrast. The Utilization Review on 02/03/2015 non-certified the request for MRI of the right elbow without contrast. References cited were CA MTUS and ACOEM guidelines and ODG recommendations.

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 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: According to MTUS guidelines, MRI of the elbow is recommended in case of suspected ulnar collateral ligament tears. There is no clear evidence of such damage in this case. Therefore, the request for elbow MRI is not necessary.