

Case Number:	CM15-0038250		
Date Assigned:	03/06/2015	Date of Injury:	09/24/2014
Decision Date:	04/17/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male sustained an industrial injury on 9/24/14. He subsequently reports ongoing left elbow pain. Diagnoses include medial elbow epicondylitis. An X-ray was taken on 9/30/14. Treatments to date have included a brace, physical therapy and over the counter medications. On 1/29/15, Utilization Review non-certified a request for MRI of the left elbow w/o contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow w/o contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow Chapter, MRIs.

Decision rationale: The patient presents with his left elbow pain. The request is for MRI OF THE LEFT ELBOW W/O CONTRAST. The patient has had X-ray of the left elbow on 09/30/14, showing no acute fracture and no significant soft tissue abnormality. The records do

not show any previous MRI of the left elbow. The patient is working with modified duties. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Elbow Chapter on MRIs states, "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." In this case, the treater does not indicate why MRI is being requested. The 01/22/15 progress report reveals no visible deformity or asymmetry, nor bursa, edema, erythema or warmth. However, the patient shows positive Tinel's sign and decreased range of left elbow with medial epicondylitis tenderness. ODG guidelines support MRIs in patient with a suspicion of epicondylitis, which patient has already been diagnosed with. Therefore, this request IS medically necessary.