

Case Number:	CM15-0040523		
Date Assigned:	03/10/2015	Date of Injury:	01/29/2009
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 injured worker is a 39 year old female, who sustained an industrial injury on 01/29/2009. On provider visit dated 02/09/2015 the injured worker has reported numbness and tingling in her hands. On examination she was noted to have positive Tinel's on elbows with flexion. Tenderness was noted medial and lateral elbows, myofascial tenderness extensor forearm. The diagnoses have included bilateral cubital tunnel syndrome, right lateral epicondylitis, and bilateral medial tendinitis. Treatment to date has included chiropractic therapy. No trauma is reported. Electrodiagnostics are reported to have been completed, but there is no record of such to review and the treating physician has not reviewed them.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter: Elbow, MRI's, Test for Cubital Tunnel Syndrome Subheading, Surgery for lateral Epicondylitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: MTUS Guidelines do not support the primary use of MRI scanning for the diagnoses that are listed. In addition, the requesting physician does not provide specific justification for requesting the MRI testing. Guidelines would support electrodiagnostic testing to help with the diagnosis and need for interventional treatment, but the primary treating physician makes no note of prior testing results. Under these circumstances, the request for the MRI right elbow is not supported by Guidelines and is not medically necessary.