

Case Number:	CM15-0050059		
Date Assigned:	03/23/2015	Date of Injury:	10/23/2012
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/17/2015

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, Pain Management

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 48 year old female who sustained an industrial injury on 10/23/2012. Current diagnosis includes chronic right elbow pain. Previous treatments included medication management, therapy, and bracing. Previous diagnostic studies included a CT of the right elbow 03/05/2014, MRI of the right elbow in 12/2012, and EMG/nerve conduction study in 02/2013. Initial complaints included right elbow pain following a direct impact to the medial aspect of her right elbow. Report dated 02/03/2015 noted that the injured worker presented with complaints that included right elbow swelling and pain with numbness and tingling in all of her fingers. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included recommendation for a repeat MRI of the right elbow as chronic epicondylitis is suspected. Disputed treatment includes repeat MRI without contrast to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI without contrast to the right elbow QTY: 1.00: Upheld

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

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

Decision rationale: Regarding the request for MRI of the elbow, California MTUS recommends against MRI for suspected epicondylalgia. Within the documentation available for review, there is no clear rationale for the use of MRI for a clinically diagnosed condition such as epicondylitis against the recommendations of the CA MTUS. In the absence of clarity regarding those issues, the currently requested MRI of the elbow is not medically necessary.