

Case Number:	CM15-0052514		
Date Assigned:	03/26/2015	Date of Injury:	12/15/2009
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/19/2015

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:

The injured worker is a 37 year old female, who sustained an industrial injury on 12/15/09. She reported pain in the neck, lower back, left lower extremity, left shoulder, bilateral hands/wrists and head. The injured worker was diagnosed as having lesion of ulnar nerve, joint pain-hand, right carpal and cubital tunnel syndrome and status post left shoulder surgery. Treatment to date has included right carpal tunnel release, right ulnar nerve release, EMG/NCV study and pain medication. As of the PR2 dated 2/3/15, the injured worker reports numbness and tingling have resolved in the left arm. She indicated that the right arm is worse than the left and that she drops things due to the numbness and tingling. The treating physician noted a positive Tinels at the cubital tunnel and a positive elbow flexion test. On 2/13/15, the injured worker is still reporting decreased sensation in the right elbow since surgery. The treating physician requested a right elbow MRI to assess the persistent pain, discomfort and decreased sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 10-4.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow complaints Page(s): 42.

Decision rationale: According to MTUS guidelines, an 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 right elbow MRI is not necessary.