

Case Number:	CM15-0061208		
Date Assigned:	04/07/2015	Date of Injury:	07/11/2012
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/31/2015

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 was a 43-year-old female, who sustained an industrial injury, July 11, 2012. The injured worker was sustained by frequent use of the left upper extremity. The injured worker previously received the following treatments therapy, injections, left elbow MRI, right elbow surgery, hand and wrist x-rays, Voltaren, Protonix and Ultram. The injured worker was diagnosed with possible left radial carpal tunnel syndrome, status post right elbow surgery and carpal tunnel; disease of the bilateral upper extremities. According to progress note of March 12, 2015, the injured worker's chief complaint was left elbow pain with numbness and tingling in the ulnar and three digits on the left hand. The physical exam noted mild to moderate tenderness of the left radial tunnel and left elbow lateral epicondyle. There was slight tenderness of the right elbow lateral epicondyle. There was full range of motion of the digits on the left hand, as well as the hand, wrist and elbow. There was wrist pain with extension and resistance at the left lateral elbow. There middle finger extension test was negative. The treatment plan included an MRI of the left elbow with and without 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 with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Elbow (Acute & Chronic), Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic), MRI.

Decision rationale: The Official Disability Guidelines recommend an MRI of the elbow if plain films are non-diagnostic and red flags are present. Indications include suspicion of intra-articular osteocartilaginous body, occult osteochondral injury, unstable osteochondral injury, nerve entrapment, chronic epicondylitis, collateral ligament tear, and suspicion of biceps tendon tear or bursitis. The medical record fails to document sufficient findings indicative of the above diagnostic criteria, which would warrant an MRI of the elbow. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. MRI of the left elbow with and without contrast is not medically necessary.