

Case Number:	CM15-0082932		
Date Assigned:	05/05/2015	Date of Injury:	01/12/2010
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/29/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 56 year old female with an industrial injury dated 01/12/2012. Her diagnoses included tendonitis right shoulder and carpal tunnel syndrome. Prior treatments included surgery for right trigger finger, pain patch and medications. She presents on 04/14/2015 with complaints of pain in right forearm and elbow and locking of left ring finger. Physical exam revealed tenderness of right lateral elbow and tender over left ring finger. Treatment plan included anti-inflammatory medication and diagnostics to include MRI of right forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: Guidelines recommend MRI of the elbow in cases where there are red flag findings, evidence of neurologic dysfunction, or plan for surgery. In this case, there is no clear objective findings of the elbow that would demonstrate nerve root compromise and there are no red flag findings and no plan for surgery. The request for MRI of the elbow is not medically necessary.