

Case Number:	CM14-0143572		
Date Assigned:	09/12/2014	Date of Injury:	07/25/2014
Decision Date:	11/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old male with a 7/25/14 date of injury. At the time (8/6/14) of request for authorization for 1 MRI of right bicep without contrast as a outpatient, there is documentation of subjective (pain in the right upper arm) and objective (mild deformity of the distal biceps muscle and pain on motion) findings, current diagnoses (right biceps tear), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF RIGHT BICEP WITHOUT CONTRAST AS A OUTPATIENT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 242. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Magnetic resonance imaging (MRI

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of suspected ulnar collateral ligaments tears, as criteria necessary to support the medical necessity of elbow MRI. ODG identifies documentation of chronic elbow pain (suspect intra-articular osteocartilaginous body; suspect occult injury; suspect unstable osteochondral injury; suspect

nerve entrapment or mass; suspect chronic epicondylitis; suspect collateral ligament tear; suspect biceps tendon tear and/or bursitis) and plain films nondiagnostic, as criteria necessary to support the medical necessity of elbow MRI. Within the medical information available for review, there is documentation of a diagnosis of right biceps tear. Therefore, based on guidelines and a review of the evidence, the request for 1 MRI of right bicep without contrast as a outpatient is medically necessary.