

Case Number:	CM14-0180686		
Date Assigned:	11/05/2014	Date of Injury:	07/31/2014
Decision Date:	12/17/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 40-year-old woman who sustained a work related injury on July 31, 2014. Subsequently, she developed chronic elbow, forearm, and wrist pain. According to a progress report dated August 5, 2014, the patient complained of pain on right elbow and right wrist. Physical examination revealed swelling of the right wrist +2 with tender to palpation of dorsum and radial aspect of wrist. Range of motion: flexion 20 degrees, dorso flexion 40 degrees, radial deviation 10 degrees, ulnar deviation 15 degrees. For the right elbow, there was positive tender to palpation on lateral/medial, mild swelling noted, full range of motion with pain on flexion and extension. Based on the doctor's first report of occupational injury or illness dated September 15, 2014, the patient also complained of weakness on the arms and hands. Physical examination revealed pain, spasm, swelling, tenderness, positive orthopedic signs and loss of range of motion. The patient was diagnosed with right elbow lateral epicondylitis, right elbow strain/sprain, and right wrist and hand tenosynovitis. The provider requested authorization for MRI of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, MRI of the elbow have high ability to detect infection. There is no evidence that the patient have elbow infection. There is no strong evidence supporting the necessity for MRI of the elbow. Therefore, the request for MRI of the right elbow is not medically necessary.