

Case Number:	CM14-0098633		
Date Assigned:	07/28/2014	Date of Injury:	09/16/2012
Decision Date:	10/16/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old male was reportedly injured on 9/16/2012. The most recent progress note, dated 5/23/2014, indicates that there are ongoing complaints of right upper extremity pain. The physical examination demonstrated right elbow: positive tenderness to palpation specifically overlying the common extensor origin with some discomfort along the radial tunnel to palpation. Range of motion 0-140, pronation 80, supination 80, with mild discomfort at extremes. Discomfort with resistant handshake as well as wrist dorsiflexion. Diagnostic imaging studies include an EMG/NCV of the upper extremities dated 5/5/2014 which reveals evidence of mild carpal tunnel, no evidence of cervical radiculopathy, brachial plexopathy, or posterior interosseous neuropathy. Previous treatment includes bracing, injection, medications, and conservative treatment. A request had been made for MRI of the right elbow and was not certified in the pre-authorization process on 6/16/2014.

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). Decision based on Non-MTUS Citation Official Disability Guidelines, MRIs, indications for imaging

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

Decision rationale: CA MTUS guidelines state MRIs are recommended for conditions associated with chronic elbow pain where there is a suspected intra-articular bone or cartilage body, occult injury, unstable osteochondral injury, nerve entrapment or mass, chronic epicondylitis, collateral ligament tear, and bicep tendon tear and/or bursitis. After review of the medical records provided I was unable to identify any of the above stated criteria in the treating providers physical examination. Therefore, this request is not medically necessary.