

Case Number:	CM14-0210339		
Date Assigned:	12/23/2014	Date of Injury:	02/27/2013
Decision Date:	03/04/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 patient is a 52 year-old male with date of injury 02/27/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/10/2014, lists subjective complaints as pain in the left elbow. Patient stated that the right elbow was asymptomatic. No records of previous MRIs of the right elbow were available for review. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the left elbow revealed instability, tenderness to palpation, weakness and restricted range of motion. No other physical examination findings were documented by the requesting physician. Diagnosis: 1. Status post right elbow lateral epicondylar release, asymptomatic, left elbow epicondylar release with localized tenderness and incomplete recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram for the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43. Decision based on Non-MTUS Citation ODG, Elbow, MRI

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

Decision rationale: The Official Disability Guidelines recommend an MRI Arthrogram of the elbow if plain films are nondiagnostic 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 Arthrogram of the elbow. MRI Arthrogram for the Right Elbow is not medically necessary.