

Case Number:	CM14-0214282		
Date Assigned:	01/07/2015	Date of Injury:	04/06/2014
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

58 yr. old female sustained repetitive trauma to the upper extremities from April 6, 2013 to April 7, 2014. She was diagnosed with bilateral cubital tunnel syndrome, epicondylitis and upper extremity tendonitis. She had undergone physical therapy and used pain medications to help with function. A progress note from orthopedics on 11/13/14 indicated the claimant had tenderness over both lateral epicondyles and a positive Cozen's test on the right greater than the left. The surgeon requested an MRI of both elbows to determine the extent of elbow involvement due to lack of improvement in 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left/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 Official Disability Guidelines (ODG) Treatment Index 11th Edition (web), 2014, Elbow, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: According to the ACOEM Practice Guidelines, an MRI of the elbow is considered optional when requested by a specialist. In cases of trauma or high clinical suspicion of fracture not seen on x-ray, an MRI should be considered. In this case, there was no plan for surgery or recent trauma/fracture suspicion. Therefore, the request for an MRI of left/right elbow is not medically necessary.