

Case Number:	CM15-0010887		
Date Assigned:	01/28/2015	Date of Injury:	06/12/2014
Decision Date:	03/18/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 46 year old male who sustained an industrial related injury on 6/12/14 while pulling the manual starter of a gas generator. The injured worker was diagnosed with medial epicondylitis and nerve lesion ulnar/cubital tunnel syndrome. Treatment included a steroid injection on 6/27/14 which resolved his pain, physical therapy, and chiropractic treatment. Physical examination of the right elbow revealed right elbow edema, full range of motion, and full and equal strength. Tenderness was present at the medical epicondyle and at the cubital tunnel was noted. Tinel's test at the cubital tunnel was positive. The treating physician requested authorization for a MRI of the joint upper extremity without dye. On 1/15/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the documentation failed to identify any functional deficits in the elbow or wrist that would warrant this request.

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) Page(s): 33-34.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: According to MTUS guidelines, and in MRI of the elbow is recommended in case of suspected ulnar collateral ligament tears. There is no clear evidence of such damage in this case. Therefore, the request for elbow MRI is not necessary.