

Case Number:	CM15-0017757		
Date Assigned:	02/05/2015	Date of Injury:	06/12/2014
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injury on 6/12/14. The injured worker has complaints of pain over the medial aspect of his right elbow. The diagnoses have included right medial epicondylitis and nerve lesion ulnar/cubital tunnel syndrome. Treatment to date has included a steroid injection at the medial upper condyle on 6/27/14 and pain resolved at that time and was released to full duty on 8/6/14. The documentation noted that he had a flare of from climbing up a pole and had pain in his right elbow radiating into his forearm. According to the utilization review performed on 1/23/15, the requested MRI right elbow has been non-certified. ACOEM/CA MTUS Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: The patient presents with wrist and elbow pain. The current request is for MRI of the right elbow. The treating physician report dated 12/9/14 states that the patient is better. The patient also states that acupuncture has decreased his right elbow pain. There is decreased swelling along the right elbow and increased range of motion with decreased pain. The ACOEM guidelines state: Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan; Emergence of a red flag; Failure to progress in a rehabilitation program; evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. In this case, the treating physician is asking for an MRI to rule out impingement. There have been no red flags and the patient has progressed with conservative treatment. There is no evidence of neurological dysfunction provided in the documentation. The current request is not medically necessary and the recommendation is for denial.