

Case Number:	CM15-0113276		
Date Assigned:	06/19/2015	Date of Injury:	05/25/2014
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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

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 injured worker is a 57 year old male who sustained an industrial injury on May 25, 2014. He has reported an elbow injury and shoulder injury and has been diagnosed with right elbow contusion, right lateral epicondylitis, and aftercare for healing traumatic fracture of the lower arm. Treatment has included medications, modified work duty, medical imaging, injection, occupational therapy, and physical therapy. There was decreased range of motion to the right shoulder and tenderness to the posterior shoulder. There was decreased range of motion to the right elbow and lateral epicondyle tenderness noted. The right wrist showed decreased range of motion with tenderness. The treatment request included MRI of the right elbow.

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, Elbow Chapter, MRIs.

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

Decision rationale: The medical records supplied for review indicate that the patient has previously undergone an MRI for the right elbow. The Official Disability Guidelines recommend an MRI of the elbow if plain films are non-diagnostic and red flags are present. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The medical record fails to document sufficient findings indicative of the above diagnostic criteria which would warrant an MRI of the elbow. MRI of the right elbow is not medically necessary.