

Case Number:	CM15-0114756		
Date Assigned:	06/23/2015	Date of Injury:	10/03/2013
Decision Date:	08/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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: Texas, Florida, 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 56-year-old male who sustained an industrial injury on 10/3/2013 resulting in radiating right shoulder and elbow pain, including numbness and tingling in the hand and limited range of motion. He was diagnosed with right lateral epicondylitis. Treatment has included arthroscopic surgery to the right shoulder on 4/28/14, physical therapy, occupational therapy, heat, and medication with reported improvement. The injured worker continues to complain of right elbow pain. The treating physician's plan of care includes MRI of the right elbow. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Right Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, MRI.

Decision rationale: This claimant was injured in 2013 resulting in radiating right shoulder and elbow pain and diagnoses of right lateral epicondylitis. Treatment has included arthroscopic surgery to the right shoulder on 4/28/14, physical therapy, occupational therapy, heat, and medication with reported improvement. The injured worker continues to complain of right elbow pain. No objective signs suggestive of internal orthopedic derangement are noted. No plain films are noted. The MTUS is silent in regards to chronic elbow imaging. Regarding Elbow MRI, the ODG notes: Indications for imaging Magnetic resonance imaging (MRI): Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films non-diagnostic. Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films non-diagnostic. Chronic elbow pain, suspect unstable osteochondral injury; plain films non-diagnostic. Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic. Chronic elbow pain, suspect chronic epicondylitis; plain films non-diagnostic. Chronic elbow pain, suspect collateral ligament tear; plain films non-diagnostic. Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic. No plain films studies are noted, and there are no objective physical exam signs noted suggesting internal orthopedic derangement. The request is not medically necessary.