

Case Number:	CM15-0114789		
Date Assigned:	06/23/2015	Date of Injury:	05/02/2015
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
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: New Jersey, Alabama, 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 78 year old male, who sustained an industrial injury on 5/02/2015. Diagnoses include left elbow pain and left shoulder pain. Treatment to date has included ice application, Tylenol and one completed session of physical therapy. Per the Primary Treating Physician's Progress Report dated 6/01/015, the injured worker reported no pain in the arm until he tries to use it. He reported pain in the left posterior shoulder rated as 2/10 without radiation. He also reported left elbow pain in the radial aspect of both elbows and the ulnar aspect of the left elbow. Physical examination of the left shoulder revealed tenderness to the subacromial bursa, trapezius and supraspinatus muscles. There was full range of motion with pain. Left elbow exam revealed tenderness to the lateral and medial epicondyle. There was full range of motion and pain with pronation and supination. The plan of care included diagnostic imaging and authorization was requested for magnetic resonance imaging (MRI) of the upper extremity joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Complaints 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 left elbow MRI is not necessary.