

Case Number:	CM15-0120894		
Date Assigned:	07/01/2015	Date of Injury:	09/05/2002
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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 (IW) is a 76 year old male who sustained an industrial injury on 09/05/2002. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having right carpal tunnel syndrome; history of right common extensor release. Treatment to date has included cortisone injections, activity modification, physical therapy, non-steroidal anti-inflammatory drugs, and ice. On the visit of 03/04/2015, the injured worker complains of tingling and hypesthesia in the dorsum and ulnar aspect of the right hand. His right elbow pain is increasing and rated an 8/10 scale. Medications include Tramadol when necessary for moderately severe pain. On examination, there is tenderness at the posterior interosseous nerve at the level of the supinator. The treatment plan included recommendation of a status of total and permanent disability with caution to avoid gripping, grasping, and prolonged fine manipulative work with the right hand. Neurodiagnostic studies of the upper extremities and a MRI of the right elbow was also recommended, and medication refills were prescribed. A request for authorization is made for the following: 1. Neurodiagnostic study of the Upper Extremities, 2. MRI (magnetic resonance imaging) of the Right Elbow, 3. Protonix 20 mg Qty 60, 4 Anaprox 550 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, 42.

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. The patient has had an MRI of the right elbow performed on December 27, 2012. There is no evidence of significant change in symptoms and/or findings suggestive of new pathology. Therefore, the request for right elbow MRI is not necessary.