

Case Number:	CM15-0127565		
Date Assigned:	07/14/2015	Date of Injury:	02/04/2015
Decision Date:	09/09/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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, Massachusetts

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 20 year old male, who sustained an industrial injury on 2-4-15. He has reported initial complaints of pain in the right elbow after being hit in the right elbow by a log from a wood chipper machine. The diagnoses have included radial collateral ligament sprain and right elbow sprain rule out elbow derangement. Treatment to date has included medications, diagnostics, activity modifications, work modifications, physical therapy and other modalities. Currently, as per the physician progress note dated 3-6-15, the injured worker complains of occasional pain in the right elbow area, increased pain with flexion, extension, torquing motion, lifting, carrying, pulling and pushing. He also complains of clicking and popping. The diagnostic testing that was performed included x-rays of the right elbow. The diagnostic report was not noted in the records. The physical exam reveals tenderness about the right elbow. There are no previous diagnostic reports or therapy sessions noted. The physician requested treatment included Magnetic Resonance Imaging (MRI) of the Right Elbow. On May 8th supplemental report the provider states that both symptoms and physical exam has improved and returns to work on a trial basis.

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): 212.

Decision rationale: According to the initial examination on 3/6/15 it appears that there is full range of motion and strength. At that point the IW was one month following the injury and it is unclear from the clinic note what conservative therapy was attempted. From an addendum completed on May 8th there is reported improvement both in physical exam and symptoms. Based on the improvement with time and lack of conclusive physical exam findings that would indicate surgery is necessary, the requested MRI is not medically necessary at this time.