

Case Number:	CM15-0026597		
Date Assigned:	02/19/2015	Date of Injury:	08/19/2014
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/12/2015

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, Michigan, 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 35 year old female injured worker suffered and industrial injury on 8/19/2014. The diagnoses were left supraspinatus tendinitis and subacromial bursitis, left lateral epicondylitis and ligament/muscle strain/sprain. The diagnostic studies were electromyography. The treatments were rest, physical therapy, acupuncture and medications. The treating provider reported continuous sharp, dull aching pain into the left shoulder and elbow rated at 5/10 along with limited range of motion with tenderness to palpation. The Utilization Review Determination on 1/22/2015 non-certified MRI left elbow without contrast, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left elbow without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) 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 elbow MRI is not necessary.