

Case Number:	CM15-0027021		
Date Assigned:	02/19/2015	Date of Injury:	06/15/2013
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old, female patient, who sustained an industrial injury on 06/15/2013. A follow up office visit dated 01/08/2015 reported undergoing an injection to the right shoulder with note of having had 3 prior injections. She is prescribed Tramadol 50MG # 60. The patient is diagnosed with low back pain, myalgia and myosis and joint pain shoulder region. A request was made asking for a magnetic resonance imaging of right elbow to include epicondylitis and proximal forearm. On 01/23/2015, Utilization Review, non-certified the request, noting the CA MTUS ACOEM, Elbow Disorders, diagnostic procedures were cited. On 02/12/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right elbow to include epicondylitis and proximal forearm: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines elbow chapter, MRI.

Decision rationale: This patient presents with right shoulder, forearm, and wrist pain. The current request is for MRI OF RIGHT ELBOW TO INCLUDE EPICONDYLITIS IN PROXIMAL FOREARM. The ODG Guidelines under the elbow chapter has the following regarding MRI, "Recommended as indicated below. Magnetic resonance imaging may provide important diagnostic evaluation for evaluating the adult elbow many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or nerve median, and for masses about the elbow joint." The patient complains of pain in her elbow in the lateral and medial epicondyles. The treating physician states that the patient describes numbness, but he was not able to find any patterns of numbness upon examination. It appears he is requesting an MRI for further investigation. In this case, there are no significant objective findings at the elbow, but given the patient's complaints of continued pain, an MRI for further investigation may be warranted. ODG allows for an MRI for different symptoms of the elbow. The requested MRI of the right elbow is medically necessary.