

Case Number:	CM15-0079925		
Date Assigned:	04/30/2015	Date of Injury:	04/16/2013
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 70 year old male who sustained a work related injury April 16, 2013. While riding a bike, he fell, with complaints of pain to the right shoulder, elbow, knee, and ankle. Past history included right rotator cuff surgery December, 2013. According to a physician's follow-up notes, dated April 7, 2015, the injured worker presented with complaints of right shoulder and right elbow pain. There is elbow tenderness, medial and lateral epicondyle, with full range of motion both elbows. Assessment included shoulder pain; knee pain; forearm pain; joint pain, ankle; and epicondylitis. Treatment plan included refill medication and request authorization for MRI, right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 602, Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: CA MTUS states that MRI is appropriate for use in chronic elbow pain unresponsive to conservative therapy when surgical intervention might be considered. It advises against repeat MRI unless there is substantial change in symptoms. In this case, the request is for a repeat MRI with no substantial changes in symptoms. The AME stated that surgery might be considered based on MRI results but the claimant has stated he would not want surgery. The claimant will start a functional restoration program in the near future. As there is no change in symptoms since the first MRI, plan for conservative therapy in the form of functional restoration program and no plan for surgical intervention based on MRI results, MRI of the elbow is not medically necessary.