

Case Number:	CM15-0094602		
Date Assigned:	05/20/2015	Date of Injury:	05/23/2014
Decision Date:	06/29/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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, Pain Management

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 53-year-old male, who sustained an industrial injury on 5/23/2014. The current diagnoses are left elbow sprain/strain and left lateral epicondylitis. According to the progress report dated 3/2/2015, the injured worker complains of burning left elbow pain and muscle spasms. He also complains of weakness, numbness, tingling, and pain radiating to his hand and fingers. The pain is described as constant, moderate-to-severe. The pain is rated 4-5/10 on a subjective pain scale. The pain is aggravated by gripping, grasping, reaching, pulling, and lifting. The physical examination of the left elbow reveals tenderness to palpation over the left medial and lateral epicondyle. There is tenderness to palpation at the olecranon. Range of motion is limited. There is a positive Cozen's sign. Treatment to date has included medication management, MRI studies, physical therapy, and electrical stimulation. The plan of care includes MRI of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro-Certification MRI of Left Elbow Performed on 7/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4, table 4.

Decision rationale: Regarding the request for MRI of the elbow, California MTUS and ACOEM cite that, for patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect; to further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. MRI is recommended for suspected ulnar collateral ligament tears. MRI is not recommended for suspected epicondylalgia. Within the documentation available for review, the findings are suggestive of epicondylitis (for which MRI is not supported per the CA MTUS and ACOEM) and no findings suggestive of additional pathology requiring MRI for diagnosis/evaluation have been identified. In the absence of clarity regarding those issues, the currently requested MRI of the elbow is not medically necessary.