

<b>Case Number:</b>	CM13-0017745		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 60-year-old female who sustained an injury to the right elbow and shoulder on January 14, 2010. The records available for review include an assessment dated July 12, 2013, in which continued right upper extremity pain at the neck and radiating pain were noted. Upon physical examination, lateral epicondyle tenderness upon palpation was noted; no other physical findings were referenced. The claimant was diagnosed with right elbow strain, medial lateral epicondylitis and cubital tunnel syndrome. The records do not include imaging reports, identify conservative treatment or additional symptoms. This request is for an MRI scan of the elbow.

### 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): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - MRI's.

**Decision rationale:** In general, the California ACOEM Elbow Guidelines do not address an MRI specifically. Based on Official Disability Guidelines, an MRI scan of the elbow would not be indicated in this case. According to the ODG Guidelines, for chronic elbow pain, MRI scans are indicated if plain film studies are non-diagnostic and when chronic epicondylitis is suspected. Though this claimant's clinical presentation is consistent with lateral epicondylitis, the reviewed records do not contain documentation of plain film radiographs having been performed or recent treatment having been provided. Absent plain film radiographs and recent conservative treatment, the requested MRI scan would not be indicated as medically necessary.