MAXIMUS Federal Services

| Case Number: | CM13-0018956 | | |
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| Date Assigned: | 06/06/2014 | Date of Injury: | 11/20/2009 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 08/01/2013 |
| Priority: | Standard | Application Received: | 08/30/2013 |

## 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 California. 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 injured worker is a 59 year old male who reported an injury to his left elbow on January 20, 2009. The therapy note dated 12/12/12 indicates that the patient has completed ten physical therapy sessions to date. The clinical note dated 01/21/13 indicates complaints of left elbow pain. The patient stated that he was improving with the use of a home exercise program. It is noted that the patient is no longer utilizing oral pain medications. Upon exam, a healed incision was identified over the medial epicondyle of the left elbow. The patient was able to demonstrate 10 to 120 degrees of range of motion at the left elbow along with 80 degrees of both pronation and supination. No strength deficits were identified. The note indicates that the patient has previously undergone a cubital tunnel release as well as a medial epicondylectomy with mild residual range of motion restrictions. The patient was instructed to continue with a self-directed home exercise program with a focus on aggressive stretching and strengthening at the elbow. The clinical note dated 08/05/13 documents complaints of a pulling sensation at the left elbow. The patient was able to demonstrate 5 to 120 degrees of range of motion at the left elbow. Pain was identified at the extremes of each motion. Well healed incisions were identified following the cubital tunnel release as well as a medial epicondylectomy. The clinical note dated 08/26/13 indicates the patient rating the left elbow pain as 3/10. The patient continued with range of motion deficits measured at 5 to 120 degrees. The Agreed Medical Evaluation (AME) dated 02/06/14 reports that patient continuing with a home exercise program with a focus on light stretching as well as light walking. It was reported that the patient continued with complaints of intermittent pain that was described as mild in intensity becoming more moderate with strenuous activities. Pain was described as a dull, aching, and sharp pain. The patient also reported stiffness, tightness, and tenderness along the elbow. Pain was localized specifically to the left elbow. It was that repetitive flexion and extension at the elbow as well as pushing, pulling,

lifting, and carrying items aggravated his pain levels. Ibuprofen was being utilized for pain relief. Grip strength deficits were identified at the left upper extremity. The utilization review dated 08/01/13 resulted in a denial for an MRI of the left elbow as no information had been submitted regarding any significant changes in the patient's symptoms or the pathology.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF LEFT ELBOW:** 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): 601-2 and 609.

**Decision rationale:** The documentation showing that the claimant has undergone a medial epicondylectomy as well as a cubital tunnel release. There is an indication the injured worker is continuing with range of motion deficits at the left elbow. According to the MTUS/ACOEM Guidelines, an MRI of the elbow is indicated for injured workers who have completed a full course of conservative treatments with continued symptomology. No information was submitted regarding the claimant's completion of a course of formal therapy addressing the left elbow. Without this information in place, it does not appear that an MRI of the left elbow is fully supported for this claimant under the MTUS/ACOEM Guidelines. Therefore, the request for a MRI of the left elbow is not medically necessary and appropriate.