

<b>Case Number:</b>	CM13-0046747		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Geriatrics has a subspecialty in Family Practice, and is licensed to practice in New York. 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 man with a date of injury of 2/14/12. He was seen by his physician on 10/21/13 with complaints of left elbow pain after previous lateral epicondyle injury. He was taking Norco and soma for pain. His exam showed pain directly on the lateral epicondyle and 1 cm distal. He lacked 5 degrees of extension and could flex to 120 degrees with pain with resisted testing of the extensor muscles. His diagnosis was right lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIALS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Pg 1-58..

**Decision rationale:** The request in this injured worker with chronic elbow pain is for a MRI of the upper extremity. The records document a physical exam with reduction in range of motion and pain consistent with lateral epicondylitis but no red flags or indications for imaging. An MRI

is not noted to be a recommendation for lateral epicondylitis and the records do not substantiate the medical necessity of this procedure.