

<b>Case Number:</b>	CM13-0049467		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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 patient is a 40-year-old male who reported an injury on 07/25/2013. The patient is currently diagnosed with cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain and strain, thoracic myospasm, thoracic sprain and strain, lumbar disc protrusion, lumbar radiculopathy, lumbar sprain and strain, bilateral shoulder impingement syndrome, elbow pain, left elbow lateral epicondylitis, right lateral epicondylitis, left carpal tunnel syndrome, right carpal tunnel syndrome, and right wrist sprain and strain. The patient was seen by [REDACTED] on 12/13/2013. The patient reported ongoing pain over multiple areas of the body. Physical examination of the right elbow revealed normal range of motion, 3+ tenderness to palpation and positive Cozen's testing. Treatment recommendations included an MRI of the cervical spine, wrist, elbows, and shoulder, as well as acupuncture, and chiropractic treatment.

### 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 Elbow Chapter, MRI section.

**Decision rationale:** The ACOEM Guidelines state the criteria for ordering imaging studies include the emergence of a red flag and failure to progress in a rehabilitation program, with evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment. As per the clinical documentation submitted, the patient's physical examination of the right elbow on the requesting date of 12/13/2013 only revealed tenderness to palpation with positive Cozen's testing. The patient demonstrates full range of motion. Documentation of significant tissue insult or neurological dysfunction was not provided. There is also no evidence of a recent failure to progress in a rehabilitation program or a failure of conservative treatment. The medical necessity has not been established. Therefore, the request for an MRI of the right elbow is not medically necessary and appropriate.