

<b>Case Number:</b>	CM13-0056527		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/06/2004
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Internal Medicine 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 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 claimant is a 65 year old injured worker who sustained an injury on 12/06/2004. The specific mechanism of injury was not provided. She has a diagnosis of chronic right elbow pain. She continues to complain of right elbow pain and on exam has tenderness over the right elbow with decreased range of motion. Treatment to date has included medical therapy, and acupuncture. The treating provider has requested an MRI of the elbow to rule out osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI to rule out osteoarthritis:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Evaluation

**Decision rationale:** According to the Official Disability Guidelines (ODG), MRI studies of the elbow are indicated for the evaluation of chronic elbow pain. In this case the claimant underwent an MRI of the right elbow in 06/2012 which demonstrated a large right elbow joint effusion with evidence of intra-articular bodies; full thickness chondral bone loss posterolateral in the ulnar joint, marrow edema of the proximal ulna, and tendinosis of the common extensor

and common flexor tendons. Based on the medical records provided for review there is no evidence of a change or progression in objective findings and no plain films have been obtained to demonstrate any potential findings of osteoarthritis. The request for a MRI of the elbow is not medically necessary and appropriate.