

<b>Case Number:</b>	CM13-0061874		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 40-year-old with a reported date of injury of 03/14/2012 that occurred as a result of carrying heavy trays while opening heavy doors.. The patient has the diagnoses of lumbar spine/strain, left shoulder impingement syndrome, left medial epicondylitis, cervicothoracic spine strain/sprain, left carpal tunnel syndrome and left cubital tunnel syndrome. Past treatment modalities have included epidural injections, physical therapy and medications. Per the progress reports provided by the requesting physician dated 10/22/2013, the patient had complaints of constant chronic pain in the neck, left shoulder, left hand and lumbar spine with numbness in the left upper extremity. Physical exam noted decreased range of motion in the cervical spine with tenderness to palpation of the paraspinals muscles, decreased range of motion in the left shoulder with tenderness in the trapezius musculature, decreased range of motion in the left elbow with tenderness to palpation along the lateral epicondyle, positive Phalen's test on the left, decreased sensation to light touch on the left thumb, index, middle, small and ring finger globally, decreased range of motion in the lumbar and thoracic spine and tenderness to palpation in the lumbar paraspinals musculature. Treatment recommendations included left carpal tunnel release and left ulnar nerve decompression, MRI of the lumbar spine, cervical spine, thoracic spine, right shoulder, left elbow, left wrist and left hand, electrodiagnostic studies of both the upper and lower extremities, physical therapy and medication.

### 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:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34.

**Decision rationale:** The ACOEM section of elbow complaints and special imaging states: In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases:- When surgery is being considered for a specific anatomic defect.- To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. There is no surgical consideration for the elbow that is documented and there is no physical exam notation to suggest serious pathology. For these reasons the request is not medically necessary.