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| <b>Case Number:</b>   | CM13-0063855 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 09/13/2013 |
| <b>Decision Date:</b> | 08/19/2014   | <b>UR Denial Date:</b>       | 11/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and 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 48-year-old female who reported an injury on 09/13/2013. The mechanism of injury was not provided. On 10/15/2013 the injured worker presented with bilateral shoulder, bilateral wrist, bilateral elbow, right hand and right thumb pain. Upon examination of the left elbow there was pain with range of motion and tenderness to palpation of the lateral aspect. Resisted supination and pronation of the forearm were positive for pain at the lateral elbow. The diagnosis was strain of the left wrist unspecified. Prior therapy included an elbow band, stretching and modified duties. The provider recommended an MRI of the left elbow. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI RT Elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17-21.

**Decision rationale:** The request for an MRI of the right elbow is not medically necessary. The California MTUS/ACOEM Guidelines state that the criteria for ordering imaging studies of the elbow include emergence of a red flag, if imaging study results would substantially change the treatment plan, failure to progress in a rehabilitation program, to further evaluate potentially serious pathology, or when surgery is being considered for a specific anatomic defect. The documentation lacks evidence of emergence of a red flag. There is lack of documentation of a failed rehabilitation program, and there was no mention of a surgery being considered for a specific anatomic defect. Additionally, there is lack of evidence of failure of conservative treatment to include medications and physical therapy. As such, the request is not medically necessary.