

<b>Case Number:</b>	CM13-0065233		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Physical Medicine and 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 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:

This 50 year-old male sustained an injury on 3/19/13 while employed by Entertainment Partners. Request under consideration include OUTPATIENT MRI OF THE RIGHT ELBOW. The patient is s/p right shoulder arthroscopy, debridement of superior labrum, SAD with acromioplasty and coracoacromial release, rotator cuff repair and open biceps tenodesis on 6/14/13. Current diagnoses include right elbow medial epicondylitis and right flexor tenosynovitis. Report of 10/4/13 from the provider noted patient with complaints of right shoulder, right elbow, and right wrist pain rated at 5/10. He has begun working which has been going fine; he continues with a home exercise program and uses Norco for pain symptoms. Exam of the right shoulder noted limited range with 5-/5 strength; right elbow with flex/ext 140 and pronation/supination of 80 degrees; no sign of infection; tenderness over the medial epicondyle; right wrist showed tenderness at flexor tendons, negative Finkelstein, carpal compression, Tinel's and Phalen's testing with 5/5 grip strength and full range of all MCP and IP joints. Request for MRI of the right elbow was non-certified on 11/15/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUT PATIENT MRI OF THE RIGHT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational And Environmental Medicine (Acoem), 2nd Edition, (2004), Chapter Elbow Disorder, Special Studies And Diagnostic, page 601-602.

**Decision rationale:** This 50 year-old male sustained an injury on 3/19/13 while employed by Entertainment Partners. Request under consideration include Outpatient MRI of The Right Elbow. The patient is status post (s/p) right shoulder arthroscopy, debridement of superior labrum, SAD with acromioplasty and coracoacromial release, rotator cuff repair and open biceps tenodesis on 6/14/13. Current diagnoses include right elbow medial epicondylitis and right flexor tenosynovitis. Report of 10/4/13 from the provider noted patient with complaints of right shoulder, right elbow, and right wrist pain rated at 5/10. He has begun working which has been going fine; he continues with a home exercise program and uses Norco for pain symptoms. An exam of the right elbow with flex/ext 140 and pronation/supination of 80 degrees; no sign of infection; tenderness over the medial epicondyle; right wrist showed tenderness otherwise negative orthopedic testing with intact neurological exam. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness with full range without instability or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Outpatient MRI of The Right Elbow is not medically necessary and appropriate.