

<b>Case Number:</b>	CM13-0069927		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/25/2003
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 patient is a 55 year old injured worker with a date of injury on 04/25/2013. The patient sustained an injury to both shoulders and the lower back. The mechanism of injury was not noted. He worked as a forklift driver and un-loader. Since the date of injury he had two arthroscopic left shoulder surgeries. In 2006 and again in 05/2012 he had left elbow surgery for epicondylitis. He had left carpal tunnel surgery in 2006. He had right shoulder arthroscopic surgery in 2008. On 10/18/2013 he continued to have left shoulder pain. He also had back and left leg pain with tingling in the left ring finger and index finger of the left hand. He had positive straight leg raising and had difficulty with heel walk and toe walk. He had signs of impingement of the left shoulder. There was left arm weakness. Bilateral elbow flexion was 130 degrees (normal is 140 degrees) and the remainder of the range of motion was normal. There was left lateral epicondyle tenderness to palpation. Palpation of the forearm extensors revealed tenderness on the left side. There were requests of MRI of the left shoulder, left elbow, lumbar spine and electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left elbow, without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-31.

**Decision rationale:** The MTUS/ACOEM Guidelines, Elbow Complaints, Epicondylitis pgs. 121-31, state that MRI imaging is reserved for evaluation of patients who are immediate surgical candidates. There were no elbow red flag signs. Based on the medical records provided for review the patient had a previous left lateral epicondyle surgery years prior to the injury. There was no documentation of a failure of conservative treatment of the left elbow. In the absence of red flag signs and failure of conservative treatment, the MRI of the left elbow is not indicated at this point in time. The request for MRI of the left elbow without it is not medically necessary and appropriate.