

<b>Case Number:</b>	CM14-0004864		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational Medicine 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:

The claimant was injured on 10/25/12. An MRI of the right elbow is under review. She was diagnosed with right elbow medial epicondylitis. On 12/11/13, she saw [REDACTED]. She complained of sharp, burning bilateral elbow pain and muscle spasms. Examination of the elbow report revealed 2+ tenderness over the lateral epicondyles bilaterally. She was diagnosed with bilateral medial epicondylitis. Physical examination revealed decreased range of motion of both elbows and positive Cozen's sign. She has multiple other injuries and diagnoses. This report will focus only on the elbow that is under review. On 06/05/13, she was evaluated by [REDACTED] who stated that her treatment had been extensive and appropriate. She had a rotator cuff tear and impingement syndrome of the right of the left shoulder. On 11/11/13, x-rays of multiple body parts and MRIs were recommended. EMG/NCV was also recommended for the upper and lower extremities. Of note in therapy on 10/14/13, she was treated for her shoulder but there is no clear mention of her elbow other than some elbow flexion exercises. PT was not approved for her elbow and other body parts.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE RIGHT ELBOW:** Upheld

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

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

**Decision rationale:** The history and documentation do not objectively support the request for an MRI of the right elbow. The ACOEM Guidelines state for patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. 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, such as when surgery is being considered for a specific anatomic defect, or to further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. The claimant has a chronic condition and the injury occurred almost two years ago. The history of evaluation and treatment for the right elbow is unknown. There is no clear evidence of a trial and failure of a reasonable course of conservative treatment specifically for the elbow, including an exercise program, local modalities, and the judicious use of medications. There is no documentation of x-rays prior to considering an MRI and no red flags (progressive focal deficits on exam) have been documented for which an MRI appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated and is therefore not medically necessary.