

<b>Case Number:</b>	CM14-0004880		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	08/14/2014	<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 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:

The injured worker is a 56-year-old female who reported an injury on 10/25/2012. The mechanism of injury was not provided. On 12/11/2013, the injured worker presented with neck, right shoulder, bilateral elbow, wrists, mid back, low back, bilateral knee, and bilateral ankle pain. Upon examination of the bilateral elbow, there was a 2+ tenderness over the lateral epicondyle. Current treatment included medications. Diagnoses were cervical spine sprain/strain, cervical radiculopathy, bilateral shoulder sprain/strain, status post right shoulder arthroscopy, right shoulder rotator cuff tear, and bilateral elbow medial epicondylitis. The provider recommended an MRI of the left elbow, the provider's rationale was not provided. The Request for Authorization 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 left elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 left elbow is not medically necessary. California MTUS/ACOEM Guidelines state if the injured worker does not have red flags for serious conditions, the physician can then determine which common musculoskeletal elbow disorder is most likely present. The guidelines note that for epicondylitis of the elbow, tenderness over the epicondyle and 2 cm to 3 cm distal to it over the extensor carpi radialis brevis and extensor digitorum tendons were conclude that a recent test results lateral epicondylar area pain with resisted extension of the wrist, middle finger, index finger and supination. The patient notes pain in the lateral elbow with resisted extension and pain in the lateral elbow with forceful grasp with normal range of motion and diffuse lateral elbow pain with repeat wrist dorsiflexion. As such, the request is not medically necessary.