

<b>Case Number:</b>	CM14-0110062		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 51 year old female with a reported date of injury on September 21, 2011. The mechanism of injury is described as pushing and adjusting a desk causing a hyperextension injury to the right wrist. The subsequent diagnoses were Bilateral lateral epicondylitis of the elbow and pain in the forearm, as well as mononeuritis of the upper extremity. Treatment has included a left ulnar shortening procedure in September 2013, and a left distal radioulnar ligament repair in May of 2013. An initial orthopedic evaluation dated June 03, 2014 revealed complaints of pain at the right forearm, bilateral osteotomy sites, and numbness and tingling in the left ulnar nerve distribution and left lateral elbow. X-rays reveal well positioned bilateral ulnar shortening osteotomy plates with no evidence of loosening, however the osteotomy site appears prominent suggestive of nonunion. There is tenderness to the lateral aspect of the elbow. The orthopedist recommendations for the left elbow included avoidance of prolonged elbow flexion and leaning on the elbow. The orthopedist also recommended elbow extension splinting on the left side. The request is for MRI of the left elbow to determine the severity of the lateral epicondylitis. A prior utilization review decision dated July 02, 2014 resulted in denial of MRI of the left elbow for dates of service 6/25/14-8/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Elbow Without Contrast:** 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): 33-34.

**Decision rationale:** The documentation from 6/3/14 states that the MRI is to determine the severity of the epicondylitis present in the left elbow. There is no documentation of any conservative measures afforded the claimant. The criteria for imaging as outlined in CAMTUS/ACOEM guidelines are to order imaging only if the finding would substantially change the treatment plan. As conservative measures have not been expended, it is premature to consider MRI of the elbow as a preoperative testing imaging procedure. Therefore, the request is not medically necessary.