

<b>Case Number:</b>	CM14-0151584		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 underlying date of injury in this case is 8/8/2014. The date of the utilization review under appeal is 9/11/2014. An emergency room evaluation note of 8/9/2014 indicates that the patient presented with pain in the right shoulder, wrist, and elbow, which started after a fall. No focal fracture was noted on plain films. The patient was noted to have degenerative arthropathy at the glenohumeral joint, high riding right humerus suggesting a chronic rotator cuff tear. Right elbow films showed mild degenerative arthropathy with soft tissue swelling. Overall, the patient was diagnosed with multiple sprains and was discharged to outpatient follow-up. An initial physician review in this case discusses an office note of 8/13/2014 which is not available at this time. At that time on examination of the elbow there was a superficial abrasion with some ecchymosis. The patient had pain with forceful gripping and resistant third finger extension or resistant supination and pronation of the right lateral epicondyle. MRI imaging was recommended at that time to improve the right shoulder and wrist and the patient was diagnosed with a right elbow strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (updated 05/15/2014), MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 609.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 10, Elbow Revised, page 609 recommends MRI imaging of the elbow if there is a specific differential diagnosis to be explored. This guideline does not recommend MRI imaging for nonspecific epicondyle pain. The medical records at this time do not clearly provide a differential diagnosis or other clinical rationale for the requested MRI of the elbow. Therefore, at this time the records and guidelines do not support this request. This request is not medically necessary.