

<b>Case Number:</b>	CM14-0154599		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 36-year-old male with an injury date of 04/27/2010. According to the 07/10/2014 progress report, the patient complains of having pain in the bilateral shoulders and right elbow. There is mild swelling of the right elbow and point tenderness upon palpation of the lateral condyle. The patient complains of having increased pain in the lateral condyle with supination and pronation. The patient is diagnosed with right elbow, lateral epicondylitis. The utilization review determination being challenged is dated 09/30/2014. There were two treatment reports provided from 04/10/2014 and 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of The Right Elbow, qty: One: 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines -TWC guidelines, Elbow MRI

**Decision rationale:** Based on the 07/10/2014 progress report, the patient complains of having pain in the right elbow and in the bilateral shoulders. The request is for an MRI of The Right Elbow. ACOEM Guidelines do not support MRIs in the absence of red flags or progressive neurologic deficit. ODG Guidelines state that "repeat MRIs are indicated only if there has a progression of neurologic deficit." Review of the reports do not reveal why the treater is requesting for an MRI. There are no new injuries, no deterioration neurologically, and the patient has not had surgery. ODG Guidelines regarding the MRI of the elbow state the following, "magnetic resonance imaging may provide important diagnostic information for evaluating the elbow and many different conditions including: Collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." In this case, the treater's report containing the request, the elbow symptoms, exam findings were all provided in the document. The treater does not provide any clear rationale as to why an MRI is needed for the elbow. Recommendation is for denial.