

<b>Case Number:</b>	CM14-0157848		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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:

Patient is a 49 year-old male with date of injury 09/03/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/07/2014, lists subjective complaints as pain in the left elbow. Past surgeries include right tennis elbow repair, right rotator cuff repair, right biceps tendon surgery, and right ulnar nerve decompression and transposition. Objective findings: Patient had full flexion and extension but with pain over the lateral epicondyle. Tenderness to palpation over the lateral epicondyle. Pain is worsened when he maintains his wrist and dorsiflexion against resistance. Full range of motion at the wrist. Positive percussion over the median nerve with the level of the carpal tunnel and the ulnar tunnel with the cubital tunnel on the left upper extremity. Phalen's was positive. Diagnosis: 1. Lateral epicondylitis, left elbow 2. Possible tear of annular ligament, left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) without contrast material, of the left elbow:**

Overturned

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

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

**Decision rationale:** The Official Disability Guidelines allow for an MRI of the elbow when epicondylitis were ligament tear is suspected. In the case of this patient, he has had several surgeries involving the elbow which adds a considerable amount of complexity for the requesting physician trying to make an accurate diagnosis. MRI (Magnetic Resonance Imaging) without contrast material, of the left elbow is medically necessary. I am reversing the previous utilization review decision.