

<b>Case Number:</b>	CM14-0165303		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 43 year old male with date of injury of 9/26/2013. A review of the medical records indicate that the patient is undergoing treatment for right shoulder and arm pain status post right shoulder arthroscopy and carpal tunnel release. Subjective complaints include continued right shoulder and elbow pain. Objective findings include limited range of motion of the right shoulder and right elbow with tenderness to palpation of the rotator cuff area; sensory and motor exam normal for the elbow. Treatment has included physical therapy and Ibuprofen. The utilization review dated 9/22/2014 non-certified MRI of the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** With regards to advanced imaging of the elbow, the above cited guidelines state the following: "Criteria for ordering imaging studies are: - The imaging study results will substantially change the treatment plan.- Emergence of a red flag.- Failure to progress in a

rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: - When surgery is being considered for a specific anatomic defect.- To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis."The employee shows none of the criteria listed above and no surgery is being considered. Furthermore, there is no medical documentation that a possible tumor or other diagnosis is being considered. The request for an MRI of the right elbow is not medically necessary.