

<b>Case Number:</b>	CM14-0172546		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2014

### 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:

The injured worker is a male with date of injury 2/27/2013. Per orthopedic evaluation dated 8/7/2014, the injured worker states that his left elbow bothers him significantly so as well as the right elbow. He has been treated conservatively but has not made much in the way of response. He has been very tender and symptomatic. He has taken ibuprofen without much success. He has been working in a modified job capacity. Physical examination shows that his left elbow is more tender than the right. He is found to be tender over the left common flexor origin as well as the common extensor origin. He winces in pain and withdraws to palpation about the common flexor origin and also to a lesser extent, the common extensor origin. He has full flexion and extension of the elbow. He has full pronation and supination. There are no lacerations or abrasions around the elbow and there are no ecchymotic areas. Pulses are 2\_+ in the radial and ulnar arteries. Capillary refill is normal and skin is in good condition. Hair distribution is normal. Examination of the opposite elbow is nearly the same with the primary finding that the left elbow is more tender than the right elbow. It should be noted that he has not responded very well to conservative care, and has apparently worsened with time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint upper extremity without dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, 19th edition, Integrated Treatment/Disability Duration Guidelines, Elbow (acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

**Decision rationale:** The requesting physician explains that MRI of the right and left elbows is to rule out underlying pathology. The injured worker had a left elbow MRI on 5/6/2013 that revealed medial collateral ligament tear and common extensor tendonitis versus partial tear. The MTUS Guidelines recommend MRI for suspected ulnar collateral ligament tears. The medical records indicate that the injured worker has bilateral medial epicondylitis and bilateral cubital tunnel syndrome, which do not require the use of MRI. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for MRI joint upper extremity without dye is determined to not be medically necessary.