

<b>Case Number:</b>	CM14-0180217		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 50 year old female who sustained a work injury on 9-29-10. The claimant is status post deQuervain's release, lateral and medial epicondyle release of the right elbow on 9-4-14. Office visit on 7-25-14 notes hand written notes the claimant was referred for surgical evaluation.

### 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) Page(s): 17-21.

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

**Decision rationale:** ACOEM notes MRI is not recommended for routine evaluation of acute, subacute, or chronic elbow joint pathology, including degenerative joint disease. The claimant had surgery on 9-4-14 and there is an absence in documentation after surgery noting this claimant's subjective complaints, objective physical exam findings. Therefore, the medical necessity for an MRI is not supported.