

<b>Case Number:</b>	CM14-0028387		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Orthopedic and Hand Surgery 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:

The injured worker is a 47-year-old male with a reported injury on 08/01/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 12/04/2013 reported that the injured worker complained of left elbow pain. The physical examination of the injured worker's left elbow revealed a well healed, nontender scar. It was reported that there was positive pain with resisted wrist flexion and long finger extension. The motor testing was 5/5 to all muscle groups. The range of motion to the injured worker's left elbow demonstrated extension to 0 degrees, flexion to 135 degrees, supination to 90 degrees and pronation to 90 degrees. The injured worker's diagnoses included left elbow status post lateral fasciectomy and left elbow tendonitis. The injured worker's prescribed medication list included Diflucan XR, omeprazole and tramadol. The provider requested an MRI of the left elbow, the rationale was not provided within the clinical notes. The Request for Authorization was submitted on 03/06/2014. The injured worker's prior treatments included physical therapy and medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Image) of the left 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): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRI's.

**Decision rationale:** The injured worker complained of left elbow pain. The treating physician's rationale was not provided within the clinical notes. The CA MTUS/ACOEM guidelines recognize an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, such as when surgery is being considered for a specific anatomic defect. Also, to further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. The Official Disability Guidelines recognize magnetic resonance imaging (MRI) may provide important diagnostic information for evaluating the adult elbow in 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. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. It is noted that the injured worker verbalized feeling 40% better post left elbow surgery, however, continues to feel some pain with activities. There is a lack of clinical documentation indicating that the injured worker has had an unexplained physical finding such as effusion or localized pain to the left elbow requiring imaging. There is a lack of clinical information indicating when the injured worker's surgery was performed and duration of the injured worker's pain to his left elbow. There is a lack of objective findings upon physical examination of physiological evidence indicating specific nerve compromise to warrant imaging. Moreover, it cannot be determined if the injured worker has had a previous MRI of the left elbow. The guidelines do not recommend repeat imaging without significant change in symptoms and/or findings. Given the information provided there is insufficient evidence to determine appropriateness of an MRI of the left elbow to warrant medical necessity; as such, the request for MRI (Magnetic Resonance Image) of the left elbow is not medically necessary and appropriate.