

<b>Case Number:</b>	CM14-0032579		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/20/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 31 year old with an injury date on 1/20/12. Exam on 1/7/14 showed right elbow 1+ tenderness of medial and lateral regions of elbow with associated muscle spasms of the flexor/extensor carpi tendons of right elbow with decreased range of motion in flexion, extension, supination and pronation motions. + Cozen test, + Mills test, + Golfer's test all 3 with associated pain. [REDACTED] is requesting MRI of upper extremity without dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The treating physician has asked MRI of upper extremity without dye on 1/7/14 to further assess numbness/tingling into fingers/right hand. The patient had prior MRI of right elbow on 3/18/12 which showed findings compatible with extensor tendon lateral epicondylitis per 8/18/13 report. The 3/26/12 report states patient has numbness and tingling in

right elbow. The patient's decreased sensation in ulnar nerve distribution remains unchanged in physical examinations on 8/20/13, 11/15/13, and 12/2/13. Regarding repeat MRIs, ODG recommends for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there are no new neurologic exam findings that suggest any change in patient's condition since original MRI in 2012. Repeat MRI is not indicated for patient's unchanged chronic epicondylitis. The request is not medically necessary.