

<b>Case Number:</b>	CM14-0041388		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Internal 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 patient is an injured worker who sustained a occupational injury on 03/14/13. Mechanism of injury was stumble and fall, injuring left elbow. In progress report dated 02/04/14, the patient had complaints of constant, burning, moderate-to-severe, left elbow pain, rated as 6-7/10. He reported that medications temporary relieved his pain, and improved his ability to have a restful sleep. Activity restrictions alleviated his symptoms. Physical examination of the left elbow revealed tenderness over the left lateral epicondyle, decreased range of motion, positive Cozen's test, positive Mill's test, and cubital Tinel's signs, intact sensation, and motor strength of 4/5. The patient was placed on modified duty, and was recommended for MRI of the left elbow and physical therapy. Diagnosis was osteophyte left elbow. Primary treating physician's report dated 11-05-2013 documented a diagnosis of left elbow osteophyte, with left lateral epicondyle tenderness. Utilization review decision date was 03-13-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic resonance imaging) of the left elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), MRI.

**Decision rationale:** Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition Chapter 10 Elbow Complaints recommends MRI for suspected ulnar collateral ligament tears, but not other elbow conditions. Medical records do not raise suspicion of ulnar collateral ligament tear. ODG guidelines require plain films x-rays before MRI is considered. Medical records do not present plain films x-rays. Medical records do not provide support for the medical necessity of MRI of the elbow. Therefore, the request for MRI (Magnetic resonance imaging) of the left elbow is not medically necessary.