

<b>Case Number:</b>	CM13-0061551		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 42 year old female, who sustained an industrial injury on 3/5/12. She has reported bilateral hand pain. The diagnoses have included status post right trigger finger release, status post left trigger finger release, status post left carpal tunnel release and right tennis elbow. Treatment to date has included carpal tunnel release, trigger finger release and oral pain medications. Diagnostic testing includes x-rays and EMG studies. Currently, the IW complains of right elbow pain. The PR2 dated 8/20/13 range of motion of right hand was limited and painful, with mild tenderness over A1 pulley. On 11/19/13 Utilization Review non-certified (MRI) magnetic resonance imaging of right elbow, noting the lack of documentation to support completion of conservative treatments. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 10/23/13, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of right elbow.

### 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).

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

**Decision rationale:** According to MTUS guidelines, MRI of the elbow is indicated in case of ulnar collateral ligament tears. in this case, there is no clear evidence of ulnar ligament damage. Therefore, the request is not medically necessary.