

<b>Case Number:</b>	CM14-0197452		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 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:

On 10/10/2014, the patient was seen in initial orthopedic consultation with a history of continuous trauma involving both elbows between November 2012 and November 2013. The patient reported ongoing constant pain in the left elbow with an inability to grip or lift or push. He was taking hydrocodone for pain relief. There was also weakness in the right elbow. The complaints actually are somewhat inconsistent in that the report states both that the patient has weakness in the right elbow and that the patient is asymptomatic in the right elbow. Overall, the patient's diagnosis was status post right elbow lateral epicondylar release (asymptomatic), but an incomplete recovery from a left elbow epicondylar release. The treatment plan included an MRI of the right and left elbows with gadolinium to rule out avascular necrosis or cartilage damage of the radial capitellar joint area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with contrast arthrogram of the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): table 10-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 609.

**Decision rationale:** The ACOEM Guidelines, chapter 10/elbow, revised, page 609, discuss MRI imaging of the elbow for specific differential diagnosis such as, for example, an ulnar collateral ligament tear. In this case, indication for an MRI of the elbow is unclear. Most notably, it is unclear why testing has been recommended on both sides. The stated rationale for MRI imaging is a request for MRI imaging of both elbows to rule out cartilage damage or avascular necrosis. However, the medical record indicates that the patient is asymptomatic on the right side. Therefore, overall the rationale for the request is not apparent and not supported by the medical record. There are inconsistencies in the medical records regarding whether there are or are not symptoms on the right side. Overall, for these reasons, this request is not medically necessary.