

<b>Case Number:</b>	CM14-0201586		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Family Practice 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 injured worker is a 32 year old female who reported an injury on 06/25/2013. The submitted documentation did not include past clinical or diagnostic history. Diagnosis includes anxiety, vertigo, and chronic shoulder and knee pain. Past surgical history include several shoulder procedures. The injured worker is prescribed Norco, Allegra, Ibuprofen, and Prevacid. The submitted documentation reveals she had recently received physical therapy. Treating physician's progress note 10/23/2014 states during a follow up appointment the injured worker stated her range of the right elbow was getting worse despite physical therapy. The physician's examination notes state she was unable to fully extend the right elbow and diffuse tenderness was noted. Treatment pain included diazepam 5mg as needed for anxiety and MRI of the right elbow. The Utilization Review dated 11/03/2014 denied the request for a MRI of the Right elbow without contrast because the history and documentation did not objectively support the request. There was no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program or medication. Additionally, the submitted documentation did not provide a clear indication of the mechanism of the injury or history of clinical treatments to support the medical necessity. ODG and ACOEM Guidelines were utilized in the decision making.

### 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 (without contrast): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Elbow (updated 10/20/14) - MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the ACOEM guidelines, an MRI is optional prior to evaluation by a specialist. According to the ODG guidelines, an MRI is indicated for acute or chronic hand or wrist pain. In this case, there was elbow pain. There was no x-ray to correlate. Exam findings were not supportive for a need for an MRI. There were no signs of tumor, infection, acute fracture, etc. The request for an MRI of the elbow is not medically necessary.