

<b>Case Number:</b>	CM14-0136076		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Occupational 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:

Injured worker is a female with date of injury 5/19/2014. Per hand surgery initial consultation dated 7/24/2014, the injured worker struck her left elbow against a chair and door while sweeping and mopping. She has had pain to her left elbow. She admits her pain has improved a lot, rated 2/10. She does not complain of numbness and tingling to her hand, however her elbow still hurts. She has gone to physical therapy and still does exercises. On examination of her left upper extremity, she has normal appearance with the exception of some very subtle swelling to the lateral medial aspect of the elbow. She has full range of motion to the elbow and to the forearm. The elbow is stable. There is no crepitus. She has a benign examination to the left hand and wrist with the exception of some very mild diffused dorsal wrist tenderness. The wrist thought is stable without any swelling. There is full range of motion to the left upper extremity. She has some intermittent tenderness to the left elbow. Most consistently she was moderately to mildly tender to the left lateral epicondyle. She has intermittent tenderness to the olecranon and triceps insertion that seemed to come and go. She also has intermittent tenderness to the medial epicondyle. The left hand had intact sensibility. There is a negative Tinel sign to the carpal tunnel, Guyon's canal and cubital tunnel. There is a negative Durkan's sign to the left wrist and a negative flexed elbow sign. There is no subluxation of the ulnar nerve at the elbow. Diagnoses include 1) left elbow contusion 2) left lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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, MRIs

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

**Decision rationale:** Per the MTUS Guidelines, the use of MRI is recommended for suspected ulnar collateral ligament tears. Plain film radiography is recommended for red-flag cases. Repeat plain film radiography with "fad pad sign" and MRI for suspected epicondylalgia is not recommended. The requesting physician explains that the MRI is to rule out internal derangement. Radiographs from 5/20/2014 were unremarkable and there was no overt fracture noted on those films. She seems to have somewhat diffused complaints of pain to her left elbow and she was most tender to the lateral epicondyle but she also had intermittent tenderness to the triceps insertion, olecranon and medial epicondyle. This request is not consistent with the recommendations of the MTUS Guidelines. The request for MRI left elbow is determined to not be medically necessary.