

<b>Case Number:</b>	CM14-0149198		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Emergency 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:

This 35 year old male sustained a work related injury on 8/13/2014. The mechanism of injury was reported to be injury from reaching for bottles; he felt a "pop" with pain in the left elbow. The current diagnosis is left elbow/forearm strain. According to the progress report dated 8/19/2014, the injured workers chief complaints were persistent left elbow pain, associated with tingling in the forearm and ulnar hand. He rated the pain from 3/10 at rest up to a 7/10 with heavy lifting. The physical examination of the left elbow revealed tenderness medially, associated with swelling and a defect distally suggesting a tendon tear. The medication list was not specified in the records provided. On this date, the treating physician prescribed MRI of the left elbow, which is now under review. No diagnostic imaging reports were specified in the records provided. When the MRI was first prescribed work status was modified. Restrictions included limited use of left elbow/hand as tolerated, no pushing, pulling or lifting over 10 pounds, and avoid forceful gripping and twisting with the left hand. On 8/28/2014, Utilization Review had non-certified a prescription for MRI of left elbow. The MRI was non-certified based on no documentation of any history, physical findings or trauma on plain film imaging. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** The requested MRI of the left elbow, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 10 Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 33-34, note "Criteria for ordering imaging studies are: - The imaging study results will substantially change the treatment plan. - Emergence of a red flag.- Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed."The injured worker has left elbow pain. The treating physician has documented positive left elbow Tinnel sign, mild swelling to the medial elbow with tenderness. The treating physician has not documented exam evidence of red flag conditions to the elbow nor notation that the imaging study results will substantially change the treatment plan, absent documented therapy trials. The criteria noted above not having been met, MRI of the left elbow is not medically necessary.