

<b>Case Number:</b>	CM15-0111192		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on January 17, 2013. The injury occurred when the injured worker was handling a heavy container and lost control of the container. The injured worker has been treated for right shoulder and right upper extremity complaints. The diagnoses have included elbow/forearm sprain/strain, right shoulder/arm sprain/strain, right shoulder impingement syndrome, right rotator cuff tendinitis, right lateral and medial epicondylitis with ulnar neuritis and other affections of the shoulder. Treatment to date has included medications, radiological studies, electrodiagnostic studies, MRI, home exercise program and right shoulder surgery on January 30, 2015. Current documentation dated May 1, 2015 notes that the injured worker reported right shoulder pain with spasms which radiated to the right elbow. The pain was noted to wake the injured worker up nightly. Examination of the right shoulder revealed tenderness anteriorly and over the acromioclavicular joint. Range of motion was noted to be decreased. Examination of the right elbow revealed tenderness of the lateral and medial aspect and a decreased range of motion. The injured worker also was noted to have numbness over the ulnar half of the right forearm and hand and a positive Tinel's sign. The treating physician's plan of care included a request for an MRI of the 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow chapter (acute and chronic), MRI's.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic), MRI.

**Decision rationale:** The Official Disability Guidelines recommend an MRI of the elbow if plain films are nondiagnostic and red flags are present. Indications include suspicion of intra-articular osteocartilaginous body, occult osteochondral injury, unstable osteochondral injury, nerve entrapment, chronic epicondylitis, collateral ligament tear, and suspicion of biceps tendon tear or bursitis. The medical record fails to document sufficient findings indicative of the above diagnostic criteria which would warrant an MRI of the elbow. The records indicate that the patient has numbness over the ulnar half of the right forearm and hand and a positive Tinel's sign which may indicate nerve entrapment; this is one of the above criteria. MRI of the right elbow is medically necessary.