

<b>Case Number:</b>	CM15-0118101		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/27/2008
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 47 year old male, who sustained an industrial injury on 11/27/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having status post left shoulder surgery in 2012 and left elbow/biceps insertion tendinitis. Treatment to date has included diagnostics, surgical intervention to the left shoulder, physical therapy, and medications. Many documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of left elbow weakness. He was currently in physical therapy. It was too soon to tell the effectiveness yet. He also reported left shoulder/arm pain. Exam of the left elbow noted tenderness to palpation and painful range of motion. His work status remained total temporary disability. The treatment plan included continued remaining physical therapy and left elbow magnetic resonance imaging for consideration of treatment options. Physical therapy notes were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of 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), Online Version, MRIs.

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

**Decision rationale:** The ACOEM chapter on elbow complaints and imaging studies states: In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. Review of the provided clinical documentation does not show surgical consideration or possible tumor pathology. Therefore the request is not medically necessary.