

<b>Case Number:</b>	CM15-0119406		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old female who sustained an industrial injury on 01/06/113. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, acupuncture, left shoulder surgery, and right knee surgery. Diagnostic studies include MRIs and x-rays. Current complaints include left shoulder/elbow/wrist, and right knee pain. Current diagnoses include left shoulder tendinitis, left elbow medial/lateral epicondylitis, and left carpal tunnel syndrome. In a progress note dated 04/29/15 the treating provider reports the plan of care as acupuncture, physical therapy, shock wave therapy, a urine drug screen, a MRI of the left elbow, and medications including Motrin. The requested treatments include a MRI of the left elbow.

### 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, Elbow (updated 02/27/15) - Online Version MRI's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Elbow complaints Page(s): 42.

**Decision rationale:** According to MTUS guidelines, MRI of the elbow is recommended in case of suspected ulnar collateral ligament tears. There is no clear evidence of such damage in this case. Therefore, the request for left elbow MRI is not necessary.