

<b>Case Number:</b>	CM15-0178438		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Arizona, California

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 1-28-13. The injured worker reported pain in the right elbow, right hip and right inguinal area paresthesia. A review of the medical records indicates that the injured worker is undergoing treatments for strain sprain right elbow, cubital tunnel syndrome right, strain sprain hip thigh right. Medical records dated 7-27-15 indicate constant aching and sharp pain. Provider documentation dated 7-27-15 noted the work status as modified duties. Treatment has included Synapryn since at least February of 2015, Advil since at least February of 2015, Percocet since at least February of 2015, Ultracet, Neurontin, electromyography and nerve conduction velocity study (March 2015), right hip magnetic resonance imaging (March 2015), and status post right inguinal hernia surgery X2 (2013 and 2015). Objective findings dated 7-27-15 were notable for tenderness to palpation to the lateral epicondyle, "elbow flexion test with paresthesias to ulnar nerve distribution within one minute". The original utilization review (8-11-15) denied a request for MRI arthrogram for right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram for right 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.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter and pg 16.

**Decision rationale:** According to the guidelines, MRI s are indicated for chronic elbow pain that are non-diagnostic on x-rays. They are recommended for collateral ligament tears. They are not recommended for epicondylitis. The guidelines do not comment on arthrography. In this case, there was no prior surgery that would require an arthrogram to follow-up up on repair. There were no prior MRIs. The claimant's symptoms were consistent with epidcondylitis. Te request for the MR Arthrogram is not medically necessary.