

<b>Case Number:</b>	CM15-0096229		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 56-year-old female, who sustained an industrial injury on 6/6/14. She reported pain in right shoulder, low back and right knee. The injured worker was diagnosed as having cervical spine strain, lumbar spine strain, rule out internal derangement of right shoulder, rule out internal derangement of right elbow, rule out intracarpal ligament tear of right wrist, rule out right ulnar nerve entrapment neuropathy and right foot contusion/strain. Treatment to date has included physical therapy, oral medications and home exercise program. X-rays of cervical spine, right shoulder, right elbow, right hand and wrist, left hand and wrist, lumbar spine, right foot and thoracic spine were unremarkable. Currently, the injured worker complains of pain in neck, mid back; lower back, chest, right shoulder, right arm, right elbow, right hand and right foot. She is currently not working. Physical exam noted tenderness of the median right forearm and ulna region of the right arm. The treatment plan included a request for (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies and (MRI) magnetic resonance imaging of cervical spine, lumbar spine, right wrist and hand, right elbow and right foot.

### 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:** 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), Elbow, Indications for imaging - magnetic resonance imaging (MRI).

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

**Decision rationale:** According to MTUS guidelines, and in 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 elbow MRI is not necessary.