

<b>Case Number:</b>	CM17-0014800		
<b>Date Assigned:</b>	01/27/2017	<b>Date of Injury:</b>	10/15/2016
<b>Decision Date:</b>	02/22/2017	<b>UR Denial Date:</b>	01/12/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2017

### 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: Texas, Florida, 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 48 year old male, who sustained an industrial injury on October 15, 2016. A review of the medical records indicates that the injured worker was undergoing treatment for low back pain, lumbar region spondylosis, pain in the right shoulder, right shoulder strain right elbow contusion and possible cubital tunnel syndrome, right upper limb lesion of the ulnar nerve, pain in the right elbow, and fracture of unspecified tarsal bone of the right foot. On December 7, 2016, the injured worker reported right elbow pain with radiation of the pain into the forearm and hand, pain in the right lateral aspect of the foot unable to bear weight without usage of a boot, with ongoing lower back pain, and the pain rated 8 out of 10 on the visual analog scale on average. The Treating Physician's report dated December 7, 2016, noted the injured worker's current medications included Norco. The physical examination was noted to show the right shoulder with tenderness to palpation over the anterior and posterior aspect of the right shoulder. The right elbow was noted to have tenderness to palpation over the right lateral epicondyle as well as over the right cubital tunnel with no appreciable changes in color or swelling in the right upper extremity with positive Tinel's at the right cubital tunnel of the right medial elbow, and no appreciable range of motion restrictions with guarding noted at the end range of motion of the right elbow flexion and pronation. Tenderness to palpation was noted over the right lower lumbar paraspinal muscles from L3 through L5 with lumbar flexion mildly limited. The treatment plan was noted to include recommendations for MRIs of the lumbar spine and right elbow and additional physical therapy. The Injured worker's work status was noted to be for work with restrictions. The request for authorization dated January 4, 2017, was noted to

have requested right elbow MRI. The Utilization Review (UR) dated January 12, 2017, determined that the request for right elbow MRI was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right elbow MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): 326. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Procedure Summary Online Version (updated 11/23/16): Magnetic Resonance Imaging.

**MAXIMUS guideline:** The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI.

**Decision rationale:** This is a request for a right elbow MRI. This claimant was injured in 2016 with low back, right shoulder, right elbow issues, and fracture of an unspecified bone in the right foot. There is still right elbow pain with radiation into the forearm and hand. There is tenderness in the forearm and hand. Current plain films are not noted. The MTUS is silent. Regarding Elbow MRI, the ODG notes: Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic; Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films – nondiagnostic; Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic; Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic; Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic; Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic; Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic. In this case, the non-diagnostic nature of previous plain film studies is not documented. Further, it is not clear the above conditions were suspected on physical examination. The request is not medically necessary.