

<b>Case Number:</b>	CM13-0049705		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 with date of injury of January 17, 2007 with related right upper extremity discomfort. Per progress note dated July 25, 2013, discomfort was localized in the elbow area at the lateral epicondyle region. In the past, involvement was bilateral and left side being more affected, leading to left elbow imaging study that showed very mild medial epicondylitis. No abnormal prominence or swelling was noted. Discomfort in the right elbow was slightly aggravated from resisted wrist extension. EMG (electromyography)/NCV (nerve conduction velocity) dated April 30, 2010 revealed no clear neurophysiological evidence of cubital tunnel, carpal tunnel syndrome or cervical radiculopathy. MRI of the left elbow dated July 10, 2009 revealed very mild medial epicondylitis otherwise unremarkable. The documentation submitted for review do not state if physical therapy was utilized. She has been treated with medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF 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, MRI's.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI's.

**Decision rationale:** The MTUS was silent with regard to specific indications for elbow MRI. The ODG TWC was consulted. According to the ODG with regard to MRI of the elbow, the indications for imaging -- Magnetic resonance imaging (MRI) are as follows: - Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic. - Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films are non-diagnostic. - 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. - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation submitted for review indicate that the injured worker had persistent discomfort and tenderness to the lateral epicondyle. However, preliminary x-ray was not performed. Per the guidelines, MRI is only indicated if plain films are nondiagnostic. The request for an MRI of the right elbow is not medically necessary