Case Number:	CM14-0100565		
Date Assigned:	09/16/2014	**Date of Injury:**	06/14/2007
Decision Date:	10/28/2014	**UR Denial Date:**	06/06/2014
Priority:	Standard	**Application Received:**	06/30/2014

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 Family Medicine and is licensed to practice in Ohio. 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 57-year-old male with an original date of injury of June 14, 2007. His diagnoses include right-sided medial and lateral epicondylitis, left sided medial epicondylitis, and left cubital tunnel syndrome. He had surgery on the left medial epicondyle in 2009 and the right lateral epicondyle in 2008. He has had ongoing and severe pain in the lateral and medial epicondyle regions of both elbows. His physical exam has revealed slight tenderness of the right-sided medial and lateral epicondyles with full range of motion and no varus/valgus laxity. The left elbow has revealed a similar exam. Additionally there is moderate to severe tenderness to the left sided ulnar nerve with a positive Tinel's sign for cubital tunnel syndrome. There was a request made to inject platelet rich plasma however those requests were denied. The requesting surgeon cited a study which concluded that platelet rich plasma injections should be considered before surgical intervention. There has not been an MRI scan the left elbow since 2010 or the right elbow since 2008. The requesting physician has asked for repeat MRI scans looking for tears of the medial and lateral epicondyles.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI JOINT UPPER EXTREMITY W/O DYE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601.

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: MRI scanning of the elbows is recommended as indicated below. Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Epicondylitis (lateral - "tennis elbow" or medial - in pitchers, golfers, and tennis players) is a common clinical diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. Indications for imaging -- Magnetic resonance imaging (MRI):- 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- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology.In this situation, the injured worker clearly has refractory mobile pain. The treating physician has signified that tears of the epicondyles needed to be excluded. The treating physician has also signified a potential progression toward surgery by citing an article which suggested platelet rich plasma before taking a step toward surgery. Therefore, because of the refractory nature of this worker's symptoms and the long duration since last MRI examination, MRI examination of the bilateral elbows is medically necessary.