

<b>Case Number:</b>	CM14-0173791		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine 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 patient is a 54 year old with an injury date on 6/25/10. Patient complains of constant left elbow pain rated 8/10, right elbow pain radiating up/down right arm, right wrist pain with intermittent numbness to right thumb, left wrist pain, and intermittent right low back pain radiating to right hip/thigh per 9/15/14 report. The pain can be mitigated by use of ice/heat, Chinese herbal medicine, Salonpas, massage, and Tylenol per 9/15/14 report. Based on the 9/15/14 progress report provided by [REDACTED] the diagnoses are: 1. De Quervain's tenosynovitis on the right 2. bilateral lateral epicondylitis 3. rule out carpal tunnel syndrome and bilateral ulnar neuropathy Exam on 9/15/14 showed "range of motion of right/left elbow is full. Right/left wrist range of motion is full. Tender in right/left lateral epicondyle and right/left extensor tendon. Positive Tinel's on right with tingling in right ring finger." Patient's treatment history includes cryotherapy, Chinese herbal medicine, analgesics, and medication. [REDACTED] requesting MRI of the right wrist and elbow and left elbow. The utilization review determination being challenged is dated 9/24/14 and denies request due to lack of plain radiographs of right wrist and bilateral elbows. [REDACTED] is the requesting provider, and he provided treatment reports from 9/15/14 to 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Right Wrist and Elbow and Left Elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand

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

**Decision rationale:** This patient presents with bilateral elbow pain, and right arm pain. The treater has asked for MRI of the right wrist and bilateral elbows on 9/15/14 "to assess for any tendon tear." Review of the reports do not show any evidence of elbow or wrist MRIs being done in the past. Regarding MRIs of the elbow, ODG recommends to provide diagnostic information for the following types of elbow injuries: 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. Particularly useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. For a wrist MRI, there has to be a suspicion of of tissue tumor, Kienbock's disease or gamekeeper injury per ODG guidelines, as well as a negative X-ray. In this case, the patient presents with chronic epicondylitis of the bilateral elbows, and chronic right wrist pain. There is no evidence of a prior X-ray being completed for the right wrist, but it appears the pain is chronic and ongoing for some time now. The requested MRIs of the bilateral elbows and right wrist to assess potential tendon tear, appears medically reasonable therefore request is medically necessary.