

<b>Case Number:</b>	CM14-0187115		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male, who sustained an industrial injury on 1/2/2014. The mechanism of injury was not provided for review. The injured worker was diagnosed as having bilateral epicondylitis, left greater than right. There is no record of recent diagnostic studies. Treatment to date has included medication management. Currently, the injured worker complains of persistent pain in the right lateral epicondyle. In a progress note dated 10/6/2014, the treating physician is requesting magnetic resonance imaging of the right and left elbow. The progress note indicates that the patient states there is significant improvement in the left lateral elbow pain following the platelet rich plasma injection. The patient complains of persistent right lateral epicondyle pain. On exam, the left elbow reveals marked improvement in the lateral epicondyle discomfort and pain overlying the conjoint tendon. There is persistent pain overlying the right lateral epicondyle and conjoint tendon. There is full active range of motion of the bilateral elbows, wrists and hand. The patient is able to continue to work modified duty with bilateral splints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow - MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42 and 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow-MRI's.

**Decision rationale:** MRI left elbow is not medically necessary per the MTUS Guidelines and the ODG. The ACOEM MTUS states that there is limited evidence to order an elbow MRI for an ulnar collateral ligament tear and insufficient evidence to order this for epicondylagia. The ODG states that elbow MRI can be ordered in chronic elbow pain, suspect intra-articular osteocartilaginous body; suspect unstable osteochondral injury; suspect nerve entrapment; suspect chronic epicondylitis; collateral ligament tear; biceps tendon tear and/or bursitis all with suspect occult injury plain films non-diagnostic. The MTUS states that the criteria for ordering imaging studies are: the imaging study results will substantially change the treatment plan; there is an emergence of a red flag; there is failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. The documentation indicates that the patient has improved left elbow discomfort. There is still some right lateral epicondyle discomfort but full active motion in the elbows. Furthermore, the patient is to receive acupuncture, platelet rich plasma injections for the right elbow. The request for an MRI of the elbow is not appropriate at this time as the patient has not completed all conservative care yet. Furthermore, the left elbow has improved discomfort since receiving a prior PRP. The request for MRI left elbow is not medically necessary.

**MRI Right Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow - MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42 and 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow-MRI's.

**Decision rationale:** MRI left elbow is not medically necessary per the MTUS Guidelines and the ODG. The ACOEM MTUS states that there is limited evidence to order an elbow MRI for an ulnar collateral ligament tear and insufficient evidence to order this for epicondylagia. The ODG states that elbow MRI can be ordered in chronic elbow pain, suspect intra-articular osteocartilaginous body; suspect unstable osteochondral injury; suspect nerve entrapment; suspect chronic epicondylitis; collateral ligament tear; biceps tendon tear and/or bursitis all with suspect occult injury plain films non-diagnostic. The MTUS states that the criteria for ordering imaging studies are: the imaging study results will substantially change the treatment plan; there

is an emergence of a red flag; there is failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. The documentation indicates that the patient has improved left elbow discomfort. There is still some right lateral epicondyle discomfort but full active motion in the elbows. Furthermore, the patient is to receive acupuncture, platelet rich plasma injections for the right elbow. The request for an MRI of the elbow is not appropriate at this time as the patient has not completed all conservative care yet. Furthermore, the left elbow has improved discomfort since receiving a prior PRP. The request for MRI left elbow is not medically necessary.