

<b>Case Number:</b>	CM14-0093350		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for elbow pain reportedly associated with an industrial injury of June 23, 2010. On June 10, 2014 Utilization Review denied a request for an elbow MRI without contrast. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant reported ongoing issues with low back, shoulder, and elbow pain. The applicant stated that her elbow issues were interfering with lifting, pushing, and pulling. The applicant also reported paresthesias about the right first through third digits. Tenderness was appreciated about the medial epicondyle of the elbow with fairly significant edema. A 10-pound lifting limitation was endorsed. MRI imaging of the elbow was sought to search for ligamentous versus tendinous pathology. The requesting provider was an orthopedic surgeon. The attending provider also sought authorization for updated electrodiagnostic testing of the upper extremities to search for a cervical radiculopathy versus entrapment neuropathy versus peripheral neuropathy. In a psychological evaluation dated January 28, 2014, it was stated that the applicant had a history of previous shoulder corticosteroid injection therapy, physical therapy, and earlier rotator cuff repair surgery. The applicant was on Prilosec, Celexa, Glucosamine, Norco, Relafen, Zestril, and vitamins, it was stated. The applicant also reported derivative complaints of depression. In a Request for Authorization form dated May 19, 2014, it was stated that the applicant's primary diagnosis involving the elbow was elbow tendinitis/bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow MRI without intra articular contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, 42.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 10, Table 4, page 42 does note that MRI imaging is "recommended" for suspected ulnar collateral ligament tears, this recommendation, however, is qualified by commentary made in ACOEM Chapter 10, page 33 to the effect that criteria for ordering MRI studies include evidence that an imaging study result would substantially change a treatment plan, emergence of a red flag, failure to progress in a rehabilitation program, and agreement by the applicant to undergo invasive treatment if the presence of a surgically correctable lesion is identified. In this case, the attending provider did not clearly state what was sought. The attending provider did not clearly state what was suspected. The attending provider concurrently ordered MRI imaging and electrodiagnostic testing implied that such testing was being performed for routine or evaluation purposes, with no clearly formed intention of acting on the results of the same. There was no agreement on the part of the applicant to undergo any kind of surgical procedure based on the outcome of the proposed elbow MRI. There was no mention of how the proposed elbow MRI would influence or alter the treatment plan. Therefore, the request is not medically necessary.