

<b>Case Number:</b>	CM15-0107791		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 48 year old female who sustained an industrial injury on 04/29/2011. The injured worker was diagnosed with cervicobrachial syndrome, right shoulder impingement, lateral epicondylitis, right radial and ulnar lesion. Treatment to date has included diagnostic testing, oral and topical medications. According to the primary treating physician's progress report on May 19, 2015, the injured worker continues to experience right upper extremity pain. A painful arc was demonstrated at approximately 90 degrees and forward flexion at about 80 degrees to abduction. There was pain with internal and external rotation with positive apprehension sign on the right and negative on the left. A positive empty can sign was noted on the right with tenderness over the anterior shoulder capsule with positive impingement signs. There was no edema noted with muscle tone intact. There was tenderness documented over the medial and lateral epicondyles, greater on the lateral portion. Current medications are listed as Tramadol, Cyclobenzaprine, Nortriptyline, Sertraline, Norethindrone, Lidoderm patches, Pantoprazole, Ketamine cream and Diclofenac cream. Treatment plan consists of the current request for a magnetic resonance imaging (MRI) of the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI to the right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the right elbow is not medically necessary. MR imaging may provide important diagnostic information for evaluating the adult elbow including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendon, abnormality of ulnar, radial or median nerve, and for masses about the elbow joint. Indications for imaging are enumerated in the Official Disability Guidelines. They include, but are not limited to, chronic elbow pain suspect intra-articular osteocartilaginous body with non-diagnostic plain films, osteochondral injury, suspect unstable osteochondral injury, suspect nerve entrapment, suspect chronic epicondylitis, suspect collateral ligament tear, etc. 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 case, the injured worker's working diagnoses are lesion ulnar nerve; epicondylitis lateral; lesion radial nerve; and cervico-brachial syndrome. The date of injury is April 29, 2011. The request for authorization is May 21, 2015. The contemporaneous progress note on or about the date of request for authorization is dated May 19, 2015. Subjectively, the injured worker has ongoing right shoulder and elbow pain. Objectively, there is a physical examination of the shoulder, but no physical examination or objective findings of the elbow. Utilization review indicates the last examination of the right elbow was performed two years prior. Consequently, absent clinical documentation with objective physical findings referable to the right elbow, MRI of the right elbow is not medically necessary.