

<b>Case Number:</b>	CM15-0169943		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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

Certification(s)/Specialty: Emergency 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 39 year old female, who sustained an industrial injury on 8-13-13. The injured worker has complaints of extremity pain radiating up to the right elbow, with complaints of decreased strength in the right upper extremity. The injured worker has swelling and tightness in the forearm and elbow region. The documentation noted that there is some tenderness over the lateral epicondyle and radial tunnel region that is not well localized. Right and left wrist and thumb X-rays on 10-10-14 revealed normal alignment with no degenerative changes. The diagnoses have included lateral epicondylitis, right elbow and De Quervain's disease, tenosynovitis, right wrist. Treatment to date has included wrist splints; first dorsal compartment release on 10-28-14; home exercise program; H-wave unit to help with pain; anti-inflammatories; physical therapy and injections. The documentation noted on 6-16-15 the injured worker received an injection of dexamethasone 4mg per ml and lidocaine 1% to the right lateral epicondyle. The documentation on 7-13-15 noted 6-1-15 the injured worker was released to modified duty working four hours a day and then on 7-1-15 was released to regular work. The original utilization review (8-17-15) was not medically necessary for the request of 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 right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

**Decision rationale:** The requested MRI right elbow is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM, Elbow Complaints Chapter, 2008 2nd Edition Revision (accepted into MTUS July 18, 2009), Chapter 10 Elbow Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 33-34, note "Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed." The injured worker has extremity pain radiating up to the right elbow, with complaints of decreased strength in the right upper extremity. The injured worker has swelling and tightness in the forearm and elbow region. The documentation noted that there is some tenderness over the lateral epicondyle and radial tunnel region that is not well localized. Right and left wrist and thumb X-rays on 10-10-14 revealed normal alignment with no degenerative changes. The treating physician has not documented exam evidence of red flag conditions to the elbow nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI right elbow is not medically necessary.