

<b>Case Number:</b>	CM15-0203218		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 55 year old female who sustained an industrial injury on December 04, 2013. The worker is being treated for: left shoulder adhesive capsulitis, and right shoulder impingement syndrome. Subjective: August 25, 2015, complaining of bilateral shoulder pain. July 14, 2015, "burning radicular neck pain, left elbow pain and left wrist. Objective: August 25, 2015, "no improvement in her symptoms." The last visit provider recommended surgical intervention that had since been denied. Medications: August 25, 2015 prescribed Ultram, and Omeprazole. May 12, 2015, July 14, 2015, August 11, 2105: Ketoprofen cream, Flexeril, Tabradol, Synapryn, Fanatrex, Dicopanol, and Deprizine. Treatment: activity modification, medications topical and oral, physical therapy. Diagnostic: MRI performed April 04, 2015 right shoulder revealed rotator cuff tear. The patient's surgical history includes left shoulder surgery. The patient had received an unspecified number of chiropractic, Acupuncture, PT visits for this injury. The patient has had diagnoses of left elbow epicodylitis and osteoarthritis. Per the note dated 9/15/15 the patient had complaints of pain and spasm of left elbow with weakness, numbness, tingling and radiating pain in fingers and hand. Physical examination of the left elbow revealed tenderness on palpation, limited range of motion, positive Tinel and Cozen sign, decreased sensation and 4/5 strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI of the Left Elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRI's.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter: ELBOW page 601-602 SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS- Disorders 601 Criteria for ordering imaging studies.

**Decision rationale:** Per the ACOEM guidelines, "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." Per the records provided, the indications listed above were not specified in the records provided. Findings indicating red flag pathologies were not specified in the records provided. The patient had no EMG/NCV of the upper extremities clarifying the reason for the upper extremity neurological symptoms. The patient had received an unspecified number of PT visits for this injury. The detailed response to previous conservative therapy was not specified in the records provided. A recent elbow X-ray report is not specified in the records provided. The request of the MRI of the Left Elbow is not medically necessary for this patient, given the records provided.