

<b>Case Number:</b>	CM15-0206507		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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(n) 49 year old male, who sustained an industrial injury on 10-16-14. The injured worker was diagnosed as having bilateral upper extremity overuse syndrome, bilateral mild epicondylitis, sub-electrical bilateral carpal tunnel syndrome and bilateral forearm tendonitis. Subjective findings (8-3-15) indicated persistent pain the elbows and forearms. The injured worker is right hand dominant and is temporarily totally disabled. Objective findings (8-3-15) revealed tenderness along the lateral epicondyle of both elbows, normal range of motion in both wrists and tenderness of both forearms. There is also a positive Phalen's test in the bilateral wrists. As of the PR2 dated 9-16-15, the injured worker reports pain in the bilateral elbows, wrists and hands. He rates his pain 5-8 out of 10. Objective findings include mild tenderness along the lateral epicondyle of both elbows, tenderness of both forearms and a positive Phalen's test in the bilateral hands-wrist. Treatment to date has included Motrin and Norco. The Utilization Review dated 9-25-15, non-certified the request for an MRI of the bilateral forearms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of bilateral forearms:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging) (2) Elbow (Acute & Chronic) MRIs.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in October 2014 and is being treated for bilateral upper extremity pain. In April 2015, he was seen for an orthopedic evaluation. Treatments had included physical therapy for the right hand and wrist only. Electrodiagnostic testing of the upper extremities was reported as negative. He had wrist flexor tenderness increased with resisted flexion. Tinel's testing was negative. There was diffuse forearm tenderness. There was a normal motor and sensory examination. Recommendations included more therapy, medications, bracing, and consideration of a steroid injection. In August 2015, an ultrasound of the wrists and forearms showed findings of bilateral pronator muscle inflammation. MRI scans of the forearms and wrists were recommended. When seen in September 2015, he was having increased symptoms. Complaints included bilateral elbow, wrist, and hand pain with tingling and warm sensations. There was mild lateral epicondyle tenderness and bilateral forearm tenderness was present. Phalen's testing was positive bilaterally. Authorization for bilateral wrist, forearm, and elbow MRI scans was requested. Magnetic resonance imaging may provide important diagnostic information in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Epicondylitis is a common clinical diagnosis, and MRI is usually not necessary. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. Applicable indications in this case for obtaining an MRI include chronic pain conditions when prior testing is non-diagnostic. In this case, the claimant's diagnostic ultrasound showed findings of pronator inflammation which has not been treated with physical therapy which would be expected to be effective for this condition. There is a clinical diagnosis of lateral epicondylitis, which would also be expected to respond to conservative treatments. The claimant has only had therapy for the right wrist and hand and there is no evidence of failure of the other conservative treated that were recommended. The request is not medically necessary.