

<b>Case Number:</b>	CM15-0029262		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 55 year old female who sustained a work related injury on December 1, 2005, due to repetitive stress work which requires significant use of both upper extremities. She was diagnosed with bilateral shoulder tendinitis and impingement syndrome with rotator cuff tearing, bilateral elbow and wrist and bilateral carpal tunnel syndrome tendinitis. Treatment included pain medications, anti-inflammatory drugs, and muscle relaxants, hand splint for her hand and bracing for her elbow. She underwent a right carpal tunnel release in 2007, left rotator cuff repair in 2011 and a right rotator cuff repair in 2013. Currently, the injured worker complained of ongoing pain and decreased range of motion in both elbows. On February 23, 2015, a request for a Magnetic Resonance Imaging (MRI) of the left elbow and a Magnetic Resonance Imaging (MRI) of the right elbow was non-certified by Utilization Review, noting American College of Occupational and Environmental Medicine Guidelines and California Medical Treatment Utilization Schedule.

### 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:** 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): 33-34.

**Decision rationale:** The requested MRI of the Left 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 ongoing pain and decreased range of motion in both elbows. 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 of the Left Elbow is not medically necessary.

**MRI of the Right Elbow:** 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): 33-34.

**Decision rationale:** The requested MRI of the 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 ongoing pain and decreased range of motion in both elbows. 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 of the Right Elbow is not medically necessary.