

<b>Case Number:</b>	CM15-0056935		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male who sustained a work related injury May 1, 2014. According to an orthopedic surgeon's note, dated February 2, 2015, the injured worker presented for re-evaluation of his left elbow. He is 2½ months post injection for lateral epicondylitis with PRP (platelet-rich plasma). He has had persistent pain despite the injection. There is slightly less burning pain in the elbow but he has persistent dysfunction with any attempt at lifting or grasping activities with the left upper extremity. There is tenderness over the lateral humeral epicondylar region that is increased with resisted wrist dorsiflexion. Diagnosis is documented as lateral epicondylitis. Treatment plan included request for MRI of the left elbow.

### 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:** Overturned

**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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, MRI.

**Decision rationale:** The patient is 2.5 months status-post platelet-rich plasma injection for epicondylitis with persistent pain. Utilization review denied a request for MRI of the elbow citing lack of evidence for failed conservative management. Upon review of the provided records, the patient has undergone conservative therapy, to include home exercises and therapy, injections, etc. Given the failure of PRP injection to provide substantial relief and the increasing chronicity of symptoms MRI is reasonable. The MTUS recognizes that imaging of the elbow is not typically required, stating that special studies are not needed unless a period of at least 4 weeks of conservative care and observation fail to improve symptoms. This patient has exceeded the four week period during which special studies should be less highly considered. The ODG includes chronic elbow pain, suspect of chronic epicondylitis as a recommended scenario for MRI consideration. Given the provided records, the chronicity of the injury, and the persistence of symptomatology without clear diagnostic answers, MRI imaging of the elbow is considered by this reviewer to be a reasonable and medically necessary request.