

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0083580 |                              |            |
| <b>Date Assigned:</b> | 05/06/2015   | <b>Date of Injury:</b>       | 09/24/2001 |
| <b>Decision Date:</b> | 06/04/2015   | <b>UR Denial Date:</b>       | 04/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/01/2015 |

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 female sustained an industrial injury to the neck, bilateral shoulders and bilateral elbows. Previous treatment included magnetic resonance imaging, electromyography, cervical fusion, cervical disc replacement, right shoulder surgery times three, right elbow debridement, physical therapy, acupuncture, injections, psychiatric care, pain group therapy, and medications. In a visit note dated 4/3/15, the injured worker complained of persistent pain in the neck, bilateral shoulders and bilateral elbows associated with migraines. Magnetic resonance imaging left elbow (4/28/11) showed mild, chronic appearing extensor tendinopathy. Magnetic resonance imaging right elbow (4/28/11) showed post-surgical changes involving the lateral elbow and common extensor tendons with mild tendinitis of the anterior common extensor tendons without evidence of neuropathy. Physical exam was remarkable for left elbow with tenderness to palpation over the lateral epicondyle and left elbow pain upon resisted finger extension. Current diagnoses included cervical spine post laminectomy syndrome, cervical spine spondylosis, cervical spine degenerative disc disease, occipital neuralgia, shoulder pain, right biceps tendinitis, adhesive capsulitis of shoulder, carpal tunnel syndrome, headache, left lateral epicondylitis, sleep disorder, depression, constipation, myofasciitis. The physician noted that the injured worker was evaluated on 3/30/15, with orders for multiple MRIs.

### 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 without contrast: 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): Chapter Elbow Disorder, Special Studies and Diagnostic, pages 601-602.

**Decision rationale:** Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI with unchanged chronic symptoms without progressive deterioration of clinical findings, acute new injury or red-flag conditions since last imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the left elbow without contrast of is not medically necessary and appropriate.

**MRI of the right elbow without contrast: 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): Chapter Elbow Disorder, Special Studies and Diagnostic, pages 601-602.

**Decision rationale:** Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI with unchanged chronic symptoms without progressive deterioration of clinical findings, acute new injury or red-flag conditions since last imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the right elbow without contrast of is not medically necessary and appropriate.

**MRI of the right shoulder without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, Special Studies and Diagnostic Considerations, page 209.

**Decision rationale:** Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria without identified acute flare-up, new injury, progressive clinical deterioration, or failed conservative treatment trial to support repeating the MRI study previous done demonstrating pathology consistent with exam findings. The MRI of the right shoulder without contrast is not medically necessary and appropriate.