

<b>Case Number:</b>	CM15-0083838		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/21/2015
<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: North Carolina

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 43 year old female, who sustained an industrial injury on 01/17/2013. According to an exam performed on 04/03/2015, the injured worker was status post right shoulder surgery. She felt some discomfort/pain that radiated to her elbow. She had some muscle spasms from the right shoulder down to her elbow. The pain awakened her at night. Pain was rated 5 on a scale of 1-10. Physical therapy sessions were completed. Assessment was noted as right shoulder impingement syndrome with subacromial bursitis with rotator cuff tendinitis with impingement with MRI findings, status post right shoulder surgery on 01/30/2015, right elbow signs/symptoms with lateral epicondylitis and right elbow signs/symptoms with medial epicondylitis with ulnar neuritis. Treatment plan included physical therapy, home shoulder pulley system and Therrabands and a home exercise program, continuation of present medications, electromyography/nerve conduction velocity studies and MRI right elbow. Treatment to date had included right shoulder surgery, physical therapy, medications and acupuncture. Currently under review is the request for an MRI of the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right elbow:** Upheld

**Claims Administrator 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's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**Decision rationale:** The ACOEM chapter on elbow complaints and imaging studies states: Special Studies and Diagnostic and Treatment Considerations 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 correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions to the rule to avoid special studies absent red flags in the first month. These exceptions include: Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. Electromyography (EMG) study if cervical radiculopathy is suspected as a cause of lateral arm pain, and that condition has been present for at least 6 weeks. Nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. For patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. In general, an imaging study may be an appropriate consideration for a patient whose limitations due to consistent symptoms have persisted for 1 month or more, as in the following cases: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. There is no documentation of red flags on the provided physical exam. There is no documentation of failure to progress in a rehabilitation program, evidence of significant tissue insult or plans on imminent surgical intervention. The criteria as outlined above per the ACOEM for imaging studies of the elbow have not been met. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.