

<b>Case Number:</b>	CM14-0149794		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 62-year-old female with a reported date of injury on 08/08/2012. The mechanism of injury was noted to be due to cumulative trauma. Her diagnoses were noted to include lateral epicondylitis to the bilateral elbows and carpal tunnel syndrome to the bilateral wrists. Her previous treatments were noted to include corticosteroid injection. The progress noted dated 08/25/2014 revealed complaints of ongoing right lateral elbow pain. The injured worker indicated her pain was brought on by gripping, squeezing, pinching or similar activities. The injured worker indicated she could not lift objects with her right arm. The injured worker complained of ongoing numbness and tingling to her left hand and noted her left hand symptoms were less intense than compared to previously. The physical examination of the bilateral elbows revealed full range of motion with exquisite tenderness over the lateral epicondyle of the bilateral elbows, right greater than left. There was no evidence of pronator teres syndrome, radial tunnel syndrome, or cubital tunnel syndrome on either elbow. There was no evidence of medial or lateral elbow instability. The provider indicated with regards to the elbows the injured worker was previously treated with a corticosteroid injection at the left elbow and had short term relief of symptoms from the injection. The Request for Authorization form was not submitted within the medical records. The request was for an MRI of the left elbow; however, the provider's rationale was not submitted within the medical records.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter; Elbow Chapter; MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRI.

**Decision rationale:** The injured worker complained of left elbow pain. The Official Disability Guidelines recommend MRIs as imaging may provide important diagnostic information for evaluating the adult elbow and 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. The indications for an MRI are chronic elbow pain with suspect intra-articular osteocartilaginous body, occult injury, unstable osteochondral injury, nerve entrapment or mass, chronic epicondylitis, collateral ligament tear, biceps tendon tear, and/or bursitis when the plain films are nondiagnostic. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of documentation regarding a physical examination to the left elbow to warrant an MRI. Therefore, the request for MRI of the Left Elbow is not medically necessary and appropriate.