

<b>Case Number:</b>	CM15-0016281		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	01/29/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 39 year old female, who sustained an industrial injury on 01/29/2009. She has reported pain in the bilateral hands/wrists/elbows. The diagnoses have included bilateral cubital tunnel syndrome; right lateral epicondylitis; bilateral medial elbow tendinitis; and cervical and upper trapezius myofascial pain. Treatment to date has included medications, bracing, and home exercise program. Currently, the injured worker complains of more pain in her elbows with cold weather and more numbness and tingling to the hands; weakness in the hands; and pain is rated at 7-8/10 on the visual analog scale. A progress report from the treating physician, dated 12/22/2014, documented the injured worker to have tenderness of the medial and lateral elbow, right more than left; Tinel's sign and elbow flexion tests are positive bilaterally; and continued myofascial tenderness. The treatment plan has included request for MRI of the right elbow; and 12 sessions of chiropractic therapy for the right elbow. On 01/01/2015 Utilization Review noncertified a prescription for MRI of the right elbow; and modified 12 sessions of chiropractic therapy for the right elbow, to 3 sessions of chiropractic therapy for the right elbow. The CA MTUS, ACOEM and the ODG were cited. On 01/26/2015, the injured worker submitted an application for IMR for review of a prescription for MRI of the right elbow; and 12 sessions of chiropractic therapy for 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).

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

**Decision rationale:** The patient is a 39 year old female who sustained an injury on 01/29/2009 vacuuming. No severe trauma was documented. She has bilateral cubital tunnel with bilateral Tinel's sign at the elbows with bilateral finger numbness. She has bilateral epicondylitis. There was no recent trauma or change in her clinical status. ACOEM guidelines do not provide for a MRI in the absence of red flag signs with the absence of any change in the clinical picture. A MRI is not required to treat epicondylitis and is not medically necessary for this patient. The next step if the patient is considering surgery is an EMG/NCS, not a MRI.

**12 sessions of chiropractic therapy for the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58 - 59.

**Decision rationale:** The patient has bilateral elbow, wrist and hand symptoms. There must be documented objective improvement within the first several treatments for chiropractic therapy to be continued. The requested initial 12 visits is not consistent with MTUS guidelines. The request was appropriately modified to allow for an assessment of efficacy prior to continuation for further visits. 12 visits are not medically necessary at this time based on the documentation provided for review.