

<b>Case Number:</b>	CM15-0018889		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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:

The injured worker is a 52 year old female with an industrial injury date of 11/11/2013. The mechanism of injury is documented as "a lot of crimping with sort of pliers". She presents on 01/14/2015 with right elbow pain. Physical exam revealed grip strength as 10, 15, 15 pounds on the right and 40, 50, 40 on the left. Key pinch was 2, 2, 2 pounds on the right and 4, 5, 5 pounds on the left. Chuck pinch was 1, 1, 1 pounds on the right and 4, 4, 4 pounds on the left. There was significant tenderness on the right side over the lateral epicondyle region and moderate tenderness over the common extensor origin. Range of motion of the elbow was intact. Prior treatments include physical therapy, acupuncture, rest, splinting, anti-inflammatory medications and two steroid injections. Diagnosis was right lateral epicondylitis. The provider requested MRI of the right elbow. On 01/20/2015 utilization review issued a decision of non-certification of the request for MRI of right elbow. MTUS/ACOEM (ACOEM Guidelines Elbow Disorders) and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Elbow:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Elbow (acute & chronic)' and topic 'MRI's'

**Decision rationale:** The patient presents with pain in right elbow. The request is for MRI RIGHT ELBOW. The request for authorization is dated 01/08/15. Patient's diagnosis include right lateral epicondylitis. X-rays of the right elbow 11/24/14 showed normal findings. Patient has exhausted conservative care including physical rehabilitation, 9 acupuncture visits, appropriate bracing, NSAIDs, ice and two cortisone injections. Pain was aggravated by forced extension of the wrist or fingers. Patient's medication include Relafen. Patient is working full duty. ODG guidelines, chapter 'Elbow (acute & chronic)' and topic 'MRI's', recommends the imaging studies when there is Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008). Per progress report dated 01/08/15, treater's reason for the request is "to see if there is in fact a true tear or has severe inflammation." A review of the available reports does not indicate prior MRI. An MRI can help the treater plan future treatment. Per progress report dated 01/08/15, treater states "If only mild chronic inflammation is noted then a repeat injection is an option. If the MRI confirms high grad inflammation or tear then she will most likely need surgery." ODG guidelines support MRIs in patient with a suspicion of epicondylitis, which patient has already been diagnosed with. Therefore, this request IS medically necessary.