

<b>Case Number:</b>	CM15-0119340		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 52-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of June 8, 2012. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for elbow MRI imaging. The claims administrator referenced an RFA form of May 8, 2015 in its determination. The claims administrator did state that the applicant had undergone earlier distal biceps tendon surgeries on June 21, 2013 and on August 20, 2014. The applicant's attorney subsequently appealed. In a May 5, 2015 orthopedic progress note, the applicant reported ongoing complaints of left shoulder and left biceps pain. Digital paresthesias were reported. The applicant reported pain with supination and flexion. The applicant was on Percocet for pain relief. The applicant had undergone distal biceps tendon repair procedure involving the right elbow; it was reported, in 2013-2014. Painful supination and flexion were reported about the left elbow. The applicant stated that she felt her symptoms about the left elbow were similar to those associated with the previous right elbow biceps tendon tear.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Recommendation: MRI for Biceps Tendinosis or Ruptures, 3rd ed, Elbow Disorders, pg 512.

**Decision rationale:** Yes, the proposed elbow MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 34 on Special Studies and Diagnostic and Treatment Considerations, an imaging study may be an appropriate consideration for an applicant whose limitations due to consistent symptoms have persisted for one month or more, particularly in individuals in whom surgery is being considered for specific anatomic defect. The Third Edition ACOEM Guidelines Elbow Chapter does note that MRI imaging is recommended to diagnose biceps tendinosis or biceps rupture. Here, the requesting provider of May 5, 2015 was an orthopedic surgeon, increasing the likelihood that the applicant would act on the results of the proposed elbow MRI and go on to consider surgical intervention based on the outcome of the same. The applicant's presentation, including painful supination and flexion about the injured elbow, was suggestive of partial thickness distal biceps tendon tear. Moving forward with MRI imaging was, thus, indicated to evaluate the source of the applicant's elbow and antecubital fossa complaints and/or to ascertain the need for surgical intervention involving the same. Therefore, the request was medically necessary.