Case Number:	CM15-0127843		
Date Assigned:	07/14/2015	**Date of Injury:**	04/09/2015
Decision Date:	08/11/2015	**UR Denial Date:**	06/10/2015
Priority:	Standard	**Application Received:**	07/02/2015

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: 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 injured worker is a 53-year-old male with an industrial injury dated 04/09/2015. The injured worker's diagnoses include right lateral epicondylitis. Treatment consisted of diagnostic studies, prescribed medications, steroid injection, physical therapy, counterforce brace and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported ongoing right elbow pain, unresolved by conservative treatment. The injured worker was requesting right elbow surgery. Documentation noted that the injured worker was scheduled for surgery in April 2015, until the case was determined to be worker's compensation and his care was transferred. Objective findings revealed tenderness at lateral epicondylitis, positive elbow extension, positive wrist extension, positive long finger extension, positive resisted supination tests, decreased flexion of right hand, and posterior compartment tenderness. The treating physician reported that the Magnetic Resonance Imaging (MRI) from January 26, 2015 revealed common extensor tendinosis with high grade intrasubstance tearing. X-ray of right elbow dated 5/28/2015 revealed no acute fracture and no evidence of joint effusion. The treating physician prescribed services for Magnetic resonance imaging (MRI) without contrast of the right elbow now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) without contrast of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Elbow - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: MTUS Guidelines recommend imaging studies of the elbow for the following indications: 1) The imaging study results will substantially change the treatment plan. 2) Emergence of a red flag. 3) Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed. For most patients presenting with elbow problems, special studies are not necessary 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, which include: 1) Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. 2) 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. 3) 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: 1) When surgery is being considered for a specific anatomic defect. 2) To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. In this case, the injured worker had a right elbow MRI on 1/26/15 that revealed tendonitis with high grade intrasubstance tearing. The injured worker had not gotten any better with conservative treatment and surgery is being considered at this time. There have been no changes in the injured workers signs or symptoms since the last MRI; therefore, the request for magnetic resonance imaging (MRI) without contrast of the right elbow is determined to not be medically necessary.