

<b>Case Number:</b>	CM15-0176194		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old female sustained an industrial injury on 10-21-14. Documentation indicated that the injured worker was receiving treatment for left lateral epicondylitis. Previous treatment included acupuncture, physical therapy and medications. Magnetic resonance imaging left elbow (3-31-15) showed mild tendinosis and tendinopathy of the common extensor origin with peritendinitis, tendinosis and tendinopathy of distal biceps brachii tendon with small amount of bony spurring of the radial tuberosity and a small joint effusion. In an initial acupuncture consultation dated 8-5-15, the injured worker complained of left elbow pain rated 9 out of 10 on the visual analog scale. In an acupuncture progress note dated 8-12-15, the injured worker rated her pain 8 out of 10. In an acupuncture note dated 8-17-15, the therapist noted that the injured worker's pain was up and down. The injured worker's pain decreased with acupuncture and increased with use of hands at work. In a PR-2 dated 8-17-15, complained of persistent left elbow pain with weakness. The injured worker continued to work. Physical exam was remarkable for tenderness to palpation to the left lateral epicondyle with full range of motion, positive Tinel's at the ulnar groove, 5 out of 5 motor strength in bilateral upper limbs, left grip strength 40-45-40 and 2+ reflexes throughout bilateral upper limbs. The treatment plan included requesting authorization for a repeat magnetic resonance imaging of the left elbow and continuing Ibuprofen. On 8-26-15, Utilization Review noncertified a request for a repeat magnetic resonance imaging of the left elbow without contrast.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Repeat MRI of left elbow without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations.

**Decision rationale:** The ACOEM chapter on elbow complaints states: Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. There are no red flags on exam or evidence of new tissue insult/physiologic dysfunction. There is no indication that imaging would substantially change treatment and therefore the request is not medically necessary.