

<b>Case Number:</b>	CM15-0064079		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Florida

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:

The injured worker is a 32-year-old male who sustained an industrial injury on 4/4/14 from a slip and fall injuring his mid back and left arm. He had immediate onset of pain in the mid-back and entire left arm from the shoulder to the fingertips. He had x-rays, taken off work and physical therapy for two weeks. He was referred to another provider by his attorney and received further physical therapy, x-rays, MRI study. He received a splint for the left wrist and oral and topical pain medications. The injured worker did have a prior injury in 2012 affecting his right ring finger. He currently complains of left shoulder and left elbow pain with a pain intensity of 8/10 with painful and limited range of motion. His left wrist pain intensity is 7/10 and he wears a volar splint both day and night. His left hand has constant numbness. The mid and low back pain has a pain intensity of 8/10. In addition, he complains of right finger pain. His activities of daily living regarding self-care and driving are not limited. He avoids moving or lifting heavy items. His medications are not identified. Diagnoses include thoracic, low back, left shoulder, left elbow, left forearm and wrist pain without neurological or mechanical deficits; left hand weakness without neurological or mechanical deficit; healed right ring finger, mallet finger deformity, at the distal interphalangeal joint without residual neurological or mechanical deficit. Physical therapy was requested but there is no documentation that it was received. The progress notes available for review do not indicate the Utilization Reviews request for MRI of the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Elbow without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and diagnostic treatment considerations Page(s): 33-35.

**Decision rationale:** California MTUS guidelines state regarding the special imaging studies with elbow injuries: For most patients presenting with elbow problems, special studies are not needed 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. These exceptions include: Plain-film radiography to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. 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. 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: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis. Regarding this patient's case, there is a lack of physical exam findings in the provided documentation to support a request for an MRI of the elbow. In fact, a 2/5/2015 orthopedic exam noted a normal left upper extremity neurological exam with normal range of motion. The orthopedic physician stated the following, "The exam today is characterized by the absence of any objective abnormalities to substantiate his subjective complaints." Likewise, this request is not considered medically necessary.