

Case Number:	CM13-0041180		
Date Assigned:	12/20/2013	Date of Injury:	05/07/2007
Decision Date:	02/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He 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 physician reviewer was selected based on his clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a female patient with a date of injury of May 7, 2007. A utilization review determination dated October 1, 2013 recommends, noncertification of retrospective fluoroscopy of the elbow between September 24, 2013 and September 24, 2013. A progress report dated September 24, 2013 identifies subjective complaints indicating that writing for a few minutes makes the patient's arm swell at the elbows. The note indicates that she has had no injections to the elbow but has been using an elbow sleeve. She has also been using a hot and cold wrap for the wrist and elbow. Objective examination findings identify tenderness along the lateral epicondyle with normal motion. The note indicates, "fluoroscopy of the elbow revealed no calcific lesion along the elbow." Diagnoses include epicondylitis medially and laterally on the right with elements of tenderness along the forearm of the right. Treatment plan recommends a limitation of activity, continue medications, and a carpal tunnel brace for her hand and wrist complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 fluoroscopy of elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: <http://emedicine.medscape.com/article/1890603-overview#aw2aab6b2b2>.

Decision rationale: Regarding the request for fluoroscopy, California MTUS and ODG recommend the use of fluoroscopy for epidural steroid injections only. Guidelines recommend plain film radiographs for diagnostic purposes. An eMedicine article regarding the orthopedic indications for fluoroscopy states that fluoroscopy is used for orthopedic procedures such as manipulation of broken bones in fracture reduction, or insertion of implants. Within the documentation available for review, there is no indication that the fluoroscopy was being used in the context of an orthopedic procedure. Additionally, there is no statement indicating why a plain film radiograph (a higher resolution, and lower radiation producing imaging modality) would be insufficient to address any diagnostic concerns that the provider may have had. In the absence of clarity regarding those issues, the currently requested fluoroscopy is not medically necessary.