

Case Number:	CM13-0043505		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2002
Decision Date:	03/11/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Medicine, and is licensed to practice in California. 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 physician 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/services. He/she 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:

The patient is a 46-year-old who reported an injury on 03/04/2002. The patient is diagnosed as status post left ankle open reduction and internal fixation in 2002 and left elbow/forearm sprain/medial and lateral epicondylitis. The patient was seen by [REDACTED] on 08/30/2013. Physical examination revealed tenderness to palpation over the medial and lateral epicondyle bilaterally, positive Cozen's and reverse Cozen's testing, 140 degree flexion, 80 degree supination, and 80 degree pronation. Treatment recommendation included x-rays, Norco 2.5/325 mg, and Voltaren XR 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One set of x-rays to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 242-243.

Decision rationale: CalifThe Elbow Disorders Chapter of the ACOEM Practice Guidelines state, 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. Plain film radiography may be indicated to rule out osteomyelitis or joint effusion in cases of

significant septic olecranon bursitis. As per the documentation submitted, there is no evidence of a recent failure to respond to conservative treatment prior to the request for an x-ray. The patient's physical examination only revealed tenderness to palpation with positive Cozen's and reverse Cozen's testing. There was no indication of a suspicion or diagnosis of osteochondral fracture, osteochondritis desiccans, or osteocartilaginous intra-articular loose bodies. As the medical necessity for the requested procedure has not been established, the current request is not medically appropriate. The request for one set of x-rays to the right elbow is not medically necessary or appropriate.