

Case Number:	CM13-0049550		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2011
Decision Date:	03/18/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 11/7/11. A utilization review determination dated 10/28/13 recommends non-certification of left elbow fluoroscopic evaluation. A progress report dated 10/7/13 identifies subjective complaints including intermittent slight pain along the left inner elbow. Objective examination findings identify moderate distress when touching the elbow. Some mild ROM deficits are noted. Tenderness along the medial epicondylar surfaces bilaterally. X-ray of the elbow is benign. Diagnoses include medial epicondylitis. Treatment plan recommends injection of the medial epicondyle and possibly surgical intervention with release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 1 Left Elbow Fluoroscopic evaluation between 10/07/2013 and 10/07/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for a left elbow fluoroscopic evaluation, California MTUS recommends imaging only for red-flag cases or

for suspected collateral ligament tears. Within the documentation available for review, there is documentation of symptoms/findings suggestive of epicondylitis. This is typically a clinical diagnosis and there is no clear rationale for the use of fluoroscopy in the evaluation of this patient's elbow. Furthermore, x-rays were noted to be benign and there is no clear rationale identifying the medical necessity of fluoroscopy in addition to x-ray in the evaluation of epicondylitis and no history of red flags, since neither study is indicated for this condition. In light of the above issues, the currently requested left elbow fluoroscopic evaluation is not medically necessary.