

Case Number:	CM13-0067399		
Date Assigned:	01/03/2014	Date of Injury:	10/25/2013
Decision Date:	12/04/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 underlying date of injury in this case is 10/25/2013. The date of the utilization review under appeal is 12/04/2013. The patient's diagnosis is a contusion of the left elbow with numbness. On 11/25/2013, the patient was seen in occupational health followup. The patient was 65% better since an initial injury of 10/25/2013 but still overall was not improved from week to week. The patient started physical therapy and apparently was told by therapist that there may be a fracture on ultrasound. The patient tried full duty for a couple of weeks and was not able to do this. The patient had ongoing paresthesias in the left elbow and that the left 4th and 5th fingers felt numb. The patient had pain mostly around the olecranon area. Strength and sensation were within normal limits in the left upper extremity. The patient was dispensed tramadol and was advised to continue physical therapy. A CT scan was requested to rule out a fracture. Electrodiagnostic studies were ordered to rule out a left ulnar neuropathy, and orthopedic consultation was requested given the patient's failure to improve. The initial mechanism of injury is that the patient struck her left elbow on the sharp edge of a chair. An initial physician review recommended non-certification of a CT scan since radiographs were not inconclusive and thus the patient was not felt to meet guidelines for this study. That review recommended non-certification of a electrodiagnostic studies because there was subjective numbness but no mention of positive provocative testing. Orthopedic consultation was noncertified because there were no red flags and no evidence of failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 609.

Decision rationale: ACOEM Guidelines, Chapter 10 Elbow, page 609, recommends radiography or other imaging when there are red flag findings. The records do not document any red flag findings in this case. The treating physician states that the patient reported that a physical therapist suggested the possibility of the fracture of the elbow based on ultrasound imaging. However, a formal report documenting such a recommendation is not available nor do plain films suggest a fracture. The medical records do not support an indication for a CT of the elbow. This request is not medically necessary.

EMG/NCV BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: ACOEM Guidelines, Chapter 8 Neck, page 178, recommends electrodiagnostic studies when a patient has persistent load or sensory deficits. An initial physician review stated that there were no provocative studies suggesting an ulnar neuropathy. However, the records in this case clearly indicated that the patient had trauma to the elbow with reports of numbness in an ulnar distribution. An electrodiagnostic study would be supported in this situation. This request is medically necessary.

ORTHOPEDIC CONSULTATION OF LEFT ELBOW: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Consultation, page(s) 127

Decision rationale: ACOEM Guidelines, Chapter 7 Consultation, page 127, recommends consultation if a diagnosis is uncertain. An initial physician review in this case concluded that a consultation was not indicated because there is no indication of failure of treatment. However, the records do clearly indicate that the patient continues with sensory complaints and has failed to improve as expected with initial treatment. An orthopedic consultation is supported by the guidelines in this situation. This request is medically necessary.

