

Case Number:	CM14-0018504		
Date Assigned:	04/18/2014	Date of Injury:	01/07/2014
Decision Date:	07/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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:

This 55-year-old patient sustained a repetitive stress injury to the left upper extremity on 1/7/14 while employed by [REDACTED]. The request(s) under consideration include x-ray of the left elbow, between 1/14/2014 and 1/14/2014. The report of 1/14/14 from the provider noted the patient with complaints of left antecubital crease pain. The patient has received steroid injection in the affected area that only provided short-term relief; he denied any paresthesias, weakness, numbness or tingling. Exam noted left antecubital crease pain near radial edge of forearm; tenderness over flexion tendons of the forearm; negative tenderness of radial head/ on resisted extension of wrist and digits/ no swelling, crepitation, or muscle atrophy; with good strength and intact neurovascular findings. The report indicated left elbow x-ray was negative for fracture, deformity, or bony pathology. Request(s) for x-ray of the left elbow, between 1/14/2014 and 1/14/2014, was non-certified on 2/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) X-RAY OF THE LEFT ELBOW BETWEEN 1/14/2014 AND 1/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Special Studies and Diagnostic and Treatment Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

Decision rationale: The criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of the submitted medical reports have not adequately demonstrated the indication for the x-ray without acute trauma with injury resulting from repetitive stress. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for x-ray of the left elbow, between 1/14/2014 and 1/14/2014, is not medically necessary and appropriate.