

Case Number:	CM14-0019453		
Date Assigned:	04/23/2014	Date of Injury:	07/03/2013
Decision Date:	12/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/15/2014

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 & 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:

According to the records made available for review, this is a 63-year-old male with a 7/3/13 date of injury. At the time (1/14/14) of request for authorization for CT scan of the left elbow QTY: 1.00, there is documentation of subjective (left elbow pain) and objective (left elbow range of motion 0 to 140 degrees, pronation/supination 0/80 degrees, tenderness to palpation over the lateral aspect of the elbow) findings, imaging findings (left elbow x-rays (1/9/14) revealed degenerative joint disease of the left elbow, metallic fragments, indicated what appears to be an old gunshot with buckshot in the elbow soft tissues, although does not appear to be intra-articular, is hard to tell for sure), current diagnoses (left elbow severe degenerative joint disease with previously experienced gunshot wound to the left elbow), and treatment to date (medications and activity modification). 1/16/14 medical report identifies that radiographic studies of the elbow showed severe degenerative joint disease with metallic fragments and buckshot in soft tissues from an old gunshot wound, and that visualization of the intra-articular joint was poor, and that a CT is requested to assess bony loose bodies.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan on the left elbow QTY: 1.00: Overturned

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

Treatment, Integrated/Disability Duration Guidelines, Elbow (Acute & Chronic), Computed Tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Computed Tomography (CT)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and failure of at least 4 weeks of conservative care, as criteria necessary to support the medical necessity of imaging studies for the elbow. ODG identifies documentation of suspected intra-articular osteocartilaginous body; radiographs non-diagnostic; and/or elbow stiffness; suspect heterotopic ossification/osteophytosis by radiograph- next test, as criteria necessary to support the medical necessity of an elbow computed tomography (CT). Within the medical information available for review, there is documentation of diagnoses of left elbow severe degenerative joint disease with previously experienced gunshot wound to the left elbow. In addition, there is documentation of suspected intra-articular osteocartilaginous body and radiographs non-diagnostic. Therefore, based on guidelines and a review of the evidence, the request CT scan on the left elbow QTY: 1.00 is medically necessary and appropriate.