

<b>Case Number:</b>	CM14-0117435		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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, 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 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 is a patient with a date of injury of 4/23/14. A utilization review determination dated 6/24/14 recommends non-certification of left elbow x-rays. Prior x-rays were noted to have been taken. 5/16/14 chiropractic report identifies constant left elbow pain worsening with any lifting using the left upper extremity. On exam, there is tenderness and muscle spasms along the medial and lateral epicondyles. ROM (range of motion) was normal. Positive Cozen's and Mills tests are noted at the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays of the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 5 and 42.

**Decision rationale:** California MTUS and ACOEM support radiography and/or other imaging studies when there are symptoms/findings suggestive of red-flags such as fracture, dislocation, infection, tumor, inflammation, rapidly progressive neurologic deficit, vascular compromise, or

compartment syndrome. Within the documentation available for review, there is no documentation of any red flags or another clear rationale for radiographic evaluation. In addition, it is noted that recent radiographs were taken and there is no documentation of the findings of those studies and a rationale for repeating them. In light of the above issues, the currently requested X-rays of the left elbow are not medically necessary.