

Case Number:	CM14-0132987		
Date Assigned:	08/22/2014	Date of Injury:	04/03/2013
Decision Date:	10/01/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 Nevada. 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 injured worker is a 35 year-old male who was reportedly injured on 4/3/2013. The mechanism of injury is noted as a repetitive injury. The injured worker underwent right ulnar nerve decompression at the elbow and median nerve decompression at the wrist on 1/24/2014, followed by left ulnar nerve decompression at the elbow and median nerve decompression at the wrist on 3/7/2014. The most recent progress notes dated 4/7/2014 and 6/8/2014, indicates that there are ongoing complaints of swelling and pain of the hands. Physical examination demonstrated normal range motion of the wrists bilaterally; and improved range motion of the elbows bilaterally; well healed scars. No recent diagnostic imaging studies available for review. A request was made for an x-ray of the bilateral elbows, which was determined not medically necessary in the utilization review on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

An x-ray of the bilateral elbows: Upheld

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 Index, 11th Edition (web), 2013, Elbow chapter, Radiography (x-rays)

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) - Elbow Disorders; Diagnostic Investigations; Clinical Measures: X-Rays (electronically sited).

Decision rationale: California Medical Treatment Utilization Schedule practice guidelines support plain radiographs of the elbow for moderate to severe pain lasting at least a few weeks with limited elbow range of motion. Review of the available medical records documents, hand pain and swelling after bilateral elbow and wrist surgery in January and March 2014; however, there is no tenderness at the elbows on examination. Furthermore, the exam documents improving range motion at the elbows. Given the lack of clinical documentation, this request is not considered medically necessary.