

Case Number:	CM14-0140000		
Date Assigned:	09/08/2014	Date of Injury:	05/25/2011
Decision Date:	11/03/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 65-year-old male with a 5/25/11 date of injury. At the time (7/8/14) of request for authorization for X-ray of the right elbow, there is documentation of subjective (constant pain of right elbow) and objective (positive Cozen's test of the right elbow and tenderness to palpitation over the right elbow and forearm) findings, current diagnoses (cervical musculoligamentous sprain/strain), and treatment to date (medications (including ongoing treatment with Vicodin)). There is no documentation of emergence of a red flag, significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment. In addition, there is no documentation of osteochondral fracture, osteochondritis dissecans, or osteocartilaginous intra-articular body.

IMR ISSUES, DECISIONS AND RATIONALES

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

X ray Right 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): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Radiography

Decision rationale: The 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 agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The ODG identifies documentation of osteochondral fracture, osteochondritis dissecans, or osteocartilaginous intra-articular body, as additional criteria necessary to support the medical necessity of elbow x-ray. Within the medical information available for review, there is documentation of a diagnosis of cervical musculoligamentous sprain/strain. In addition, there is documentation of failure to progress in a rehabilitation program. However, there is no documentation of emergence of a red flag. In addition, despite documentation of subjective (constant pain of right elbow) and objective (tenderness to palpitation over the right elbow and forearm and positive Cozen's test on the right) findings, there is no (clear) documentation of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment. Furthermore, there is no documentation of osteochondral fracture, osteochondritis dissecans, or osteocartilaginous intra-articular body. Therefore, based on guidelines and a review of the evidence, the request for x-ray right elbow is not medically necessary.