MAXIMUS Federal Services

Case Number:	CM14-0025888		
Date Assigned:	06/25/2014	Date of Injury:	11/20/2007
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgery 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:

The claimant is a 57-year-old female injured in a work-related accident on November 20, 2007. The clinical records available for review document injury to the bilateral elbows. A February 6, 2014, report notes continued complaints of pain and states that corticosteroid injections to the intra-articular spaces provided no meaningful relief. There is documentation of continued pain and swelling with radiating pain to the ring and small digits bilaterally. The claimant's working assessment is elbow pain status post lateral epicondylar debridement on the right with no previous surgery on the left. The records do not reference plain film radiographs and no other forms of treatment. This request is for bilateral CT scans of the ulnohumeral joints to rule out osteophyte impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT BILATERAL ELBOWS: 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): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition,

2013 Updates: elbow procedure Computed tomography (CT).

Decision rationale: The California MTUS ACOEM Elbow Guidelines only address general recommendations for imaging studies. Based on Official Disability Guidelines, CT imaging of the elbow would not be supported in this case. The Official Disability Guidelines recommend CT imaging for elbow stiffness if heterotopic ossification is noted on plain film radiographs. Per Official Disability Guidelines, CT imaging is only recommended for use in ruling out intra-articular osteocartilaginous or osteochondral injury injuries when radiographs are non-diagnostic. Combined with a clinical presentation inconsistent with Official Disability Guidelines criteria on CT imaging of the elbow, the lack of plain film radiographs, recent conservative and significant physical findings would not support this request as medically necessary. Therefore the request is not medically necessary.