

<b>Case Number:</b>	CM14-0051277		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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:

The injured worker is a 30 year old female who sustained an injury to her right elbow on 06/28/13 when hot oil splashed up on to her hand and she reported experiencing a burn. She returned to working regular duties after two days off the injured worker complained of persistent pain along the right elbow that increased with grasping objects and when flexing the right wrist. She had morning stiffness and achiness along the inner portion of the right elbow during the day. The injured worker also had problems with activities of daily living due to pain, weakness, and sensation of "pins and needles" along the proximal portion of the right forearm and along the ulnar surface. Physical examination noted non-specific tenderness to the right elbow; palpation, however, was not objective; right medial/lateral epicondyle tenderness with normal elbow range of motion; pain with Phalen's, Tinel's, Finklestein's test right; wrist range of motion normal. The injured worker was diagnosed with sprain of other specified sites of the right elbow and forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays of right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Wrist Braces for Hand Burns.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Radiography (x-rays).

**Decision rationale:** The request for x-rays of the right elbow is not medically necessary. Previous request was denied on the basis that there was no clinical indication for a radiograph of the right elbow as there was no evidence of trauma to the elbow ligaments/joints, no indication of possible fracture, dislocation, or instability. The Official Disability Guidelines state that radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis desiccans, and osteo cartilaginous intraarticular body. Those patients with normal flexion/extension and supination do not require emergent elbow radiographs. Given this, the request is not medically necessary and appropriate.