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| Case Number: | CM14-0203560 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 06/03/2013 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Family Practice, and is licensed to practice in Florida. 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 44year old injured worker (IW) sustained an industrial injury on 06/03/2013. The IW has neck pain radiating down the right side and right elbow pain. According to the primary treating physician's report of 11/05/2014, her complaints include right wrist and right elbow pain, insomnia and fatigue. Her pain rating is a 6/10. A cardio-respiratory and autonomic function assessment was performed on 11/5/2014. Electro diagnostic studies of the wrist were done 07/30/2014 and showed abnormal nerve conduction with moderate bilateral carpal tunnel pathology with possible cubital tunnel syndrome. She has also had chiropractic/physiotherapy, and extracorporeal shock wave therapy. She has had no surgeries and no injections. Treatments over the life of the claim include chiropractic/physiotherapy, and extracorporeal shock wave therapy .The IW remains off work. Medications taken include Gavadone, Sentra, and theramine. No doses or patient response to medication are available in the record. Urine toxicology screens are being done. On 11/07/2014, a request for authorization (ROA) was made for an x-ray of the right elbow. Medical records including the progress report of 11/5/2014, and treatment/diagnostic records through 07/30/2014 were reviewed in a peer review by the claims administrator and a utilization review (UR) letter was issued on 11/17/12014 denying the request based on documented clinical findings. CA-MTUS (California Medical Treatment Utilization Schedule), ACOEM (American College of Occupational and Environmental Medicine), and the ACOEM Elbow Chapter Guidelines were noted to be silent on the issue of x-rays of the elbow. Official Disability Guidelines Elbow chapter was cited as reference for the decision. An application for independent review of the denial of the x-ray right elbow was made on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray right elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Master Algorithm Page(s): 47-48. Decision based on Non-MTUS Citation ACOEM Guidelines, Care of Acute and Subacute Occupational Elbow Complaints

Decision rationale: A 6/30/2014 EMS/NCS study showed moderate bilateral carpal tunnel pathology, greater on the right side. Focal slowing across the right elbow that strongly suggests possible entrapment of compressive neuropathy, such as seen with cubital tunnel syndrome was also noted. A request for a right elbow x-ray was requested and declined by a utilization review physician on 11/17/2014. The only rationale provided for this decline by the utilization reviewer is that "the report does not offer a clear rationale or medical justification to support this request." It appears that a right elbow MRI was also requested and declined on 11/17/2014. It is clear from the EMG/NCS result that imaging is needed to correlate for possible entrapment compressive neuropathy. An MRI would be ideal, but in the very least an X-ray should be authorized to further investigate a possible etiology for the patient's symptoms. If the x-ray is negative, then more advanced imaging should be contemplated. California MTUS guidelines provide an algorithm for the evaluation of elbow complaints. This algorithm states that when symptoms are unresolved reassess with interval history and brief physical exam, and proceed to special studies if indicated. This request for a right elbow x-ray is considered medically necessary.