

<b>Case Number:</b>	CM14-0205912		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 51 year-old male with date of injury 06/27/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/20/2014, lists subjective complaints as pain in the right elbow. Objective findings: Examination of the right elbow revealed tenderness to palpation laterally and medially, positive Cozen's, Mill's, and Tinel's tests, right wrist tenderness to palpation, decreased sensation to the right lateral forearm, hand and middle finger, decreased sensation to the right upper extremity median and ulnar nerve distribution. Diagnosis: 1. Cervical musculoligamentous strain/sprain, chronic with radiculitis, 2. Rule out cervical spine discogenic disease, 3. Thoracic musculoligamentous strain/sprain, chronic, 4. Lumbosacral musculoligamentous strain/sprain, chronic, 5. Right shoulder tendinitis, 6. Rule out right shoulder impingement syndrome, 7. Right elbow lateral epicondylitis, 8. Right elbow medial epicondylitis, 9. Rule out right elbow cubital tunnel syndrome, 10. Right wrist strain/sprain, and 11. Rule out right wrist carpal tunnel syndrome. Patient had x-rays taken on the date of injury, 06/27/2013, but they were not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of Right Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** According to the MTUS, the criteria for ordering imaging studies are:- The imaging study results will substantially change the treatment plan.- 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 patient's clinical picture does not fit the above criteria. X-Ray of Right Elbow is not medically necessary.