

Case Number:	CM14-0034415		
Date Assigned:	06/20/2014	Date of Injury:	09/10/2008
Decision Date:	03/05/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

Claimant with reported industrial injury of September 10th 2008. Exam note October 18, 2013 demonstrates pain is worse with movement and chores. Examination demonstrates about extension is a 160 degrees and flexion is 160 degrees. Examination note from February 11, 2014 demonstrates the claimant is status post left wrist and shoulder surgery. On exam there is tenderness in the medial and lateral epicondyle. Exam demonstrates there are multiple diagnoses including lateral epicondylitis bilaterally. Request is made fluoroscopic evaluation of the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic evaluation of the 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 11 Forearm, Wrist, and Hand Complaints Page(s): 33-34.

Decision rationale: CA MTUS/ACOEM Guidelines, Chapter 10 pages 33-34 reports that patients with limitations of activity after 4 weeks and unexplained physical findings such as

effusion or localized pain may be appropriate candidates for imaging. It is unclear from the exam note of 2/11/14 if prior imaging has been performed or the medical rationale for fluoroscopic evaluation of the elbow. Therefore the determination is for non-certification.