

<b>Case Number:</b>	CM15-0131603		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Physical Medicine & Rehabilitation

### 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 25 year old female, who sustained an industrial injury on 2-13-13. The injured worker has complaints of right elbow, forearm, wrist and hand pain. The injured worker has complaints of left wrist and hand pain. The documentation noted decreased grip strength. The diagnoses have included medial epicondylitis. Treatment to date has included naproxen and physical therapy. The request was for X-ray of the right elbow. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the right elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Radiography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (Acute & Chronic) Chapter, under Radiography.

**Decision rationale:** The current request is for an X-ray of the right elbow. The RFA is dated 06/17/15. Treatment to date has included prior elbow surgery, wrist brace, chiropractic treatments, medications and physical therapy. The patient may return to modified duty. ACOEM, Chapter 11, Page 268 states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box -radial-dorsal wrist, 2. An acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections." ODG Guidelines, Forearm, Wrist & Hand (Acute & Chronic) Chapter, under Radiography Section states recommended "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon." Some of the progress reports provided for review are handwritten and partially illegible. Examination revealed tenderness of the medial epicondyle of the right elbow and forearm. The treater recommended a TENS unit, chiro visits, FCE, wrist brace and x-rays. The patient is status post right elbow ulnar decompression and partial medial epicondylectomy (the date of surgery in not indicated). Per 06/11/15 report, the patient continues with chronic right elbow pain associated with numbness and tingling and has a diagnosis medial epicondylitis. There is no indication that X-ray of the right elbow has been done postoperatively. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.