

Case Number:	CM15-0135352		
Date Assigned:	07/23/2015	Date of Injury:	02/03/2010
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 2/3/10. He reported injury to his left wrist and hand. The injured worker was diagnosed as having cervical stenosis. Treatment to date has included chiropractic treatment, acupuncture, physical therapy, right carpal tunnel release and ulnar decompression on 2/4/13 and elbow injections with minimal relief. As of the PR2 dated 5/29/15, the injured worker reports right elbow pain is worse than left elbow pain. He rates his pain a 7-8/10. Bilateral elbow x-rays were taken at the visit and showed no bony abnormalities and surgical clips from a prior procedure. The treating physician requested a bilateral elbow x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

One X-ray of the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow- Radiography (x-rays).

Decision rationale: One X-ray of the bilateral elbows is not medically necessary per the ACOEM MTUS guidelines and the ODG. The guidelines states that imaging is not needed unless the imaging study results will substantially change the treatment plan, or there is an 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 documentation does not indicate a new injury, red flag, suspicion of infection, significant neurovascular compromise or plan for surgery. The ODG states that radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. Those patients with normal extension, flexion and supination do not require emergent elbow radiographs. The documentation dated 4/17/15 states that the patient recalls having x-rays in the past of various parts of his extremities therefore it is unclear if he has already had prior elbow x-rays. The request for x-rays of the bilateral elbows is not medically necessary.