

Case Number:	CM15-0135497		
Date Assigned:	07/23/2015	Date of Injury:	03/31/2015
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on 3/31/15. Initial complaint was a fall onto the right arm resulting in injury. The injured worker was diagnosed as having contusion right elbow. Treatment to date has included medications. Diagnostics studies included CT scan right elbow (4/24/15). Currently, the PR-2 notes dated 4/17/15 indicated the injured worker was seen for right elbow pain. Examination of the right elbow demonstrates a moderate degree of swelling with severe tenderness to palpation about the lateral and posterior aspect of the elbow. Range of motion of the right elbow is from 40 degrees to 110 degrees flexion to extension with 60 degrees supination and 80 degrees of pronation. The distal neurological and vascular evaluation of the right upper extremity is intact. Radiographs of the right elbow were obtained on this date. Three views of the right elbow demonstrated the persistence of this bony fragment along the lateral aspect of the elbow without clear indication of the source of that chip of the bone. There remains no obvious evidence on radiographs of radial neck or olecranon fractures. Given the severity of pain and persistence, his locking elbow with range of motion and incomplete range of motion, sever tenderness to palpation, the provider is requesting a stat CT scan of the right elbow to review the bony pathology present. A CT scan of the right elbow dated 4/24/15 impression reveals: "Again, noted avulsion fracture fragment involving the radial aspect of the proximal ulna diaphysis; non-displaced fracture involving the radial head at the volar radial aspect with intra-articular extension to the articulation with capitellum; comminuted fracture fragments are seen relating to the posterior

capitellum fracture deformity at the articulation with radial head; small joint effusion likely containing hemorrhagic fluid." The provider is requesting authorization of CT scan right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ACOEM chapter on elbow complaints states: 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 provided clinical records do not show the patient meets criteria for elbow imaging and therefore the request is not medically necessary.