

<b>Case Number:</b>	CM15-0146122		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Texas, New York, 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:

The applicant is a represented 53-year-old who has filed a claim for chronic shoulder, neck, low back, elbow, and hip pain reportedly associated with an industrial contusion injury of July 9, 2014. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for x-ray imaging of the elbow. An RFA form received on June 24, 2015 was referenced in the determination. The claims administrator also referenced a progress note dated May 27, 2015 in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing complaints of neck pain, mid back pain, low back, shoulder pain, elbow pain, wrist pain, hand pain, and hip pain with derivative complaints of sleep disturbance, anxiety, depression, and insomnia. The applicant exhibited a well-healed surgical scar about the left elbow and forearm. The applicant apparently exhibited tenderness about the lateral epicondylar region and also had a positive Tinel's sign about the elbow. X-rays of the cervical spine, lumbar spine, hand, shoulders, wrist, forearm, elbow, and ribs were ordered. It was not stated what was suspected insofar as any of the x-rays were concerned. The applicant was given prescriptions for Naprosyn, omeprazole, Flexeril, and several topical compounded agents. Acupuncture was sought. CT imaging of the forearm, wrist, and elbow were also ordered, along with MRI imaging of the cervical spine, lumbar spine, and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of Left Elbow:** 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 rationale:** No, the request for x-ray imaging of the elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 33, the criteria for ordering imaging studies of the elbow include evidence that an imaging study result would substantially change the treatment plan, emergence of a red flag, failure of an applicant to progress in a rehabilitation program, and agreement by the applicant to undergo an invasive treatment if the presence of a surgically correctable lesion is identified. Here, however, there was no evidence that the applicant was a surgical candidate. There was no evidence that red flags had emerged. There was no evidence that the test/study result at issue would influence or alter the treatment plan. The fact that the attending provider ordered x-rays of the cervical spine, lumbar spine, hand, shoulders, left wrist, left forearm, left elbow, and bilateral ribs on May 27, 2015 strongly suggested that these tests were being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The applicant was, furthermore, was described carrying an already-established diagnosis of elbow epicondylitis, seemingly obviating the need for the x-ray testing in question. Therefore, the request was not medically necessary.