

Case Number:	CM15-0195212		
Date Assigned:	10/08/2015	Date of Injury:	03/18/2015
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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, Florida, 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 injured worker is a 36 year old female who sustained an industrial injury on March 18, 2015. Radiographic study of right shoulder noted obtained on March 18, 2015 at initial evaluation that showed no fractures. Previous treatment to include: activity modification, diagnostic testing, acupuncture, chiropractic care, physical therapy and medications. At follow up dated August 31, 2015 the worker was with subjective complaint of: "pain in her right shoulder, elbow, and hand, low back and right knee." The impression noted the worker with: status post pedestrian versus motor vehicle accident with injuries to her shoulders, right greater than left; right elbow, knee; right ankle, head and neck, concussion. The plan of care noted: obtaining copy of MRI right shoulder and refer to orthopedic consultation. The following were noted ordered this visit: 6 sessions of physical therapy, radiographic study of right elbow ruling out arthritis or internal derangement, and prescribing Meclizine. On September 02, 2015, a request was made for radiographic study of right elbow that was noncertified on September 25, 2015 by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

Decision rationale: The California-MTUS ACOEM guides, Chapter 10 for the Elbow on page 238, note the following criteria for elbow imaging studies: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. For patients with limitations of activity after four weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings should be correlated with physical findings. In this case, the injury was from March. The reason for the study was to assess for arthritis or internal derangement. X-rays lack sensitivity for internal ligamentous or tendon damage. Other studies would be more suitable to this kind of differential diagnosis. The request is not medically necessary.