MAXIMUS Federal Services

Case Number:	CM15-0039823		
Date Assigned:	03/10/2015	Date of Injury:	03/31/2009
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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: New Jersey
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 37 year old female, who sustained an industrial injury on 3/31/09. She reported pain in the left elbow and shoulder. The injured worker was diagnosed as having left elbow medial and lateral epicondylitis and left shoulder impingement. Treatment to date has included physical therapy, left elbow MRI and pain medications. As of the PR2 dated 1/21/15, the treating physician noted the left elbow MRI results showed tendoninosis that could involve percutaneous release. The injured worker reported limitation with gripping, grasping and torquing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy of the left 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) Elbow-Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

Decision rationale: MTUS does not address fluoroscopy specifically but does state that any imaging of the elbow is typically not necessary unless red flag diagnoses are evident or suspected, if osteomyelitis or septic bursitis is suspected, if conservative care for at least 4 weeks fails to improve the condition/symptoms, or if the imaging study would substantially change the treatment plan (surgery, procedure, etc.). If imaging is indicated, fluoroscopy studies may be considered for the identification of loose bodies, chondral and osteochondral fractures, collateral ligament tears, and synovial and capsular abnormalities. In the case of this worker, the worker had been diagnosed with epicondylitis of the left elbow, but no other elbow diagnosis, signs or symptoms were found in the documentation, which would have helped justify the recommendation for a fluoroscopy study. MRI of the left elbow performed in 2013 showed only epicondylitis and symptoms were similar at the time of this request. Therefore, the fluoroscopy of the left elbow will be considered medically unnecessary.