

Case Number:	CM15-0052650		
Date Assigned:	03/27/2015	Date of Injury:	11/09/2011
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/19/2015

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: Internal Medicine, Rheumatology

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 50 year old male, who sustained an industrial injury on 11/9/2011. The current diagnosis is right elbow arthralgia, rule out medical epicondylitis. According to the progress report dated 2/2/2015, the injured worker reports overall mild-to-moderate improvement in his symptoms with conservative therapy and medications. The current medications are Naprosyn, Protonix, Flexeril, and transdermal compounds. Treatment to date has included medication management, physiotherapy, chiropractic, and acupuncture. The plan of care includes x-ray of the right elbow, TENS/multi-stim/interferential unit, hot/cold pack/wrap, toxicology screen, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259.

Decision rationale: This 50 year old male has complained of right elbow pain since date of injury 11/9/11. He has been treated with physical therapy and medications. The current request is for x ray right elbow. Per the ACOEM guidelines cited above, x ray of the right elbow is not indicated in the diagnostic evaluation of tendonitis, as in this case. On the basis of the available medical documentation and per the ACOEM guidelines cited above, x ray of the right elbow is not indicated as medically necessary.