

Case Number:	CM15-0012553		
Date Assigned:	01/30/2015	Date of Injury:	07/27/2014
Decision Date:	03/27/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male with a reported date of injury on 07/28/2014; the mechanism of injury was not provided for review. The diagnoses include right lateral epicondylitis. The treatment options completed thus far were noted to include physical therapy, anti-inflammatory medications, restricted activities, use of a tennis elbow splint, and injections x 3. A progress report dated 12/03/2014 noted that the injured worker had subjective complaints of elbow pain. It was noted that the injured worker has had 3 injections into the lateral epicondyle, the first 2 which helped, the most recent did not. It was noted at that time that the injured worker wanted to go ahead with surgical treatment. On physical examination, it was noted that there was tenderness to palpation laterally over the epicondyle and pain that was referred to the lateral aspect of the right elbow with resisted dorsiflexion of the wrist. Ranges of motion of the bilateral elbows were noted to be within normal limits. Tinel's sign was noted to be negative medially in the elbow. Sensory examination was intact to light touch and pinprick in all dermatomes of the bilateral upper extremities. Under the treatment plan it was noted that the injured worker had failed to improve with conservative management for the right elbow and therefore the physician was recommending surgical intervention. There is no treatment plan noted for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Radiography (x-rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: According to the American College of Occupational and Environmental Medicine Guidelines, imaging studies for elbow disorders may be considered if there is emergence of a red flag or injured workers fail to progress in a rehabilitation program. It was documented within the clinical notes provided that the injured worker had been provided physical therapy, anti-inflammatory medication, restricted activities, tennis elbow splint, and injections to the lateral epicondyle of the right elbow. Despite these conservative treatments, the injured worker continues to have pain to the lateral portion of the right elbow. Therefore, the request for an x-ray of the right elbow is considered medically necessary.