

Case Number:	CM15-0123644		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2013
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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

Certification(s)/Specialty: Emergency 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 46 year old female, who sustained an industrial injury on 1/14/2013. Diagnoses include right elbow strain, left elbow strain, cervical spine disc bulges, lumbar spine strain, and right wrist/hand strain. Treatment to date has included diagnostics, cervical spine epidural injection (3/16/2015), medications, specialist consultations and physical therapy. Per the Primary Treating Physician's Progress Report dated 4/15/2015, the injured worker reported pain in the neck, upper back, lower back, right elbow, left elbow, right wrist/hand, left wrist/hand, right hip, left hip and left knee. Physical examination revealed light touch sensation intact to the left mid to anterior thigh, left mid to lateral calf and left ankle. The plan of care included diagnostic testing, shockwave therapy, physical therapy and medications. Authorization was requested for x-rays of the right elbow.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: As per MTUS ACOEM guidelines, imaging of elbow may be considered if criteria is met. Criteria for ordering imaging studies are the imaging study results will substantially change the treatment plan, emergence of a red flag and failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. Provider has failed to document anything that meets criteria. There is no documentation of red flag findings, how imaging will change plan and any plan for invasive procedures, X-ray of elbow is not medically necessary.