

Case Number:	CM15-0123801		
Date Assigned:	07/08/2015	Date of Injury:	09/24/2014
Decision Date:	08/04/2015	UR Denial Date:	06/23/2015
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: 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 32 year old male, who sustained an industrial injury on 9/24/14. He reported left upper arm pain. The injured worker was diagnosed as having a biceps tendon tear complete with retraction approximately 7cm from the radial tuberosity and left elbow pain. Treatment to date has included left rotator cuff surgery and medication. An x-ray of the left elbow obtained on 9/24/14 revealed degenerative calcific spurring adjacent to the posterior cortex of the olecranon process of the ulna. No acute fracture, dislocation, or elbow joint effusion was seen. Currently, the injured worker complains of left upper extremity pain rated as 2-3/10. The treating physician requested authorization for an x-ray of the left elbow. The treatment plan included biceps tendon repair.

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, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): ACOEM guides, Chapter 10 for the Elbow on page 238.

Decision rationale: This claimant was injured 9/24/14. He reported left upper arm pain. The injured worker was diagnosed as having a biceps tendon tear complete with retraction approximately 7cm from the radial tuberosity and left elbow pain. Treatment to date has included left rotator cuff surgery and medication. An x-ray of the left elbow obtained on 9/24/14 revealed degenerative calcific spurring adjacent to the posterior cortex of the olecranon process of the ulna. No acute fracture, dislocation, or elbow joint effusion was seen. The California-MTUS ACOEM guides, Chapter 10 for the Elbow on page 238, note the following criteria for elbow imaging studies: 1. Emergence of a red flag. 2. Physiologic evidence of tissue insult or neurologic dysfunction. 3. Failure to progress in a strengthening program intended to avoid surgery. For most patients presenting with true elbow problems, special studies are not needed unless a four- week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. In this case, no significant clinical changes were noted since this last elbow x-ray, and so the need for a repeat is not clinically clear. The request is not medically necessary.