

<b>Case Number:</b>	CM15-0172973		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: 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 54 year old male who sustained an industrial injury on October 09, 2013. A recent primary treating office visit dated July 23, 2015 reported subjective complaint of left arm, left elbow and left wrist pain and weakness. The following diagnoses were applied: tardy ulnar nerve palsy; psychological stress other; left medial epicondylitis; status post left elbow surgery, left wrist strain and sprain; muscle weakness; weight gain abnormal, and sleep disturbance. The plan of care noted recommending Motrin, Prilosec, Norco 10mg 325mg, Flurbi cream, and Gabacyclotram cream. There is recommendation for radiographic study of left elbow and hand; psychological consultation; internal medicine consultation; anterior cervical fusion surgery. He is instructed returning to a modified work duty. At primary follow up dated July 09, 2015 the plan of care noted with standing recommendation unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of anterior/posterior and lateral left elbow and left hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Forearm, Wrist & Hand Chapter, Radiography (x-rays).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, under Radiography.

**Decision rationale:** The patient was injured on 10/09/13 and presents with left arm, left elbow and left wrist pain and weakness. The request is for a X-RAY OF ANTERIOR/POSTERIOR AND LATERAL LEFT ELBOW AND LEFT HAND. The RFA is dated 05/28/15 and the patient is to return to modified work duty on 07/10/15 with no lifting, pushing over 15 lbs and no repetitive forceful activities with the left upper extremities. Review of the reports provided do not indicate if the patient had a prior x-ray of the left elbow and left hand. However, the patient did have a prior MRI of the left elbow on 03/20/15 which revealed ulnar collateral ligament tear and ulnohumeral joint osteoarthritis. The 03/18/15 MRI of the left hand revealed diffuse increased signal in the visualized adductor pollicis muscle due to grade 1 muscle strain versus denervation phenomenon secondary to nerve entrapment syndrome and tiny osteochondral lesion, 3rd metacarpal head. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box -radial-dorsal wrist, 2. An acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections. ODG Guidelines, Elbow Chapter, under Radiography has the following: "Recommended as indicated below. Radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. (ACR, 2001) Those patients with normal extension, flexion and supination do not require emergent elbow radiographs." The patient has tenderness of the medial epicondyle and is diagnosed with tardy ulnar nerve palsy; psychological stress other; left medial epicondylitis; status post left elbow surgery, left wrist strain and sprain; muscle weakness; weight gain abnormal, and sleep disturbance. The reason for the request is not provided. Regarding the left elbow, there is no indication that the patient may have an osteochondral fracture, osteochondritis dissecans, or osteocartilaginous intra-articular body to warrant an x-ray of the left elbow. However, the patient is post-op. Regarding the left hand, the patient presented with a tiny osteochondral lesion. A x-ray of the left hand appears reasonable. The requests ARE medically necessary.