

Case Number:	CM15-0023297		
Date Assigned:	02/12/2015	Date of Injury:	05/13/2014
Decision Date:	06/10/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/06/2015

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 45 year old female, who sustained an industrial injury on 5/13/2014, after a fall at work. The diagnoses have included sprains and strains of unspecified site of shoulder and upper arm and cervicgia. Treatment to date has included conservative measures. Currently, the injured worker complains of pain (low back, right lower extremity, right upper extremity), rated 5/10 with medications and 7/10 without medications. Current medications included Ultram, Colace, Ibuprofen, and Tylenol. The PR2 report (12/18/2014) referenced magnetic resonance imaging findings. Magnetic resonance imaging of the lumbar spine showed L5-S1 disc herniation with left greater than right neural foraminal narrowing. Magnetic resonance imaging of the cervical spine showed degenerative disc disease at C5-6 and C6-7 with mild to moderate central stenosis. Magnetic resonance imaging of the lumbar spine showed L5-S1 lumbar disc herniation with left greater than right neural foraminal narrowing. Exam of the lumbar spine noted decreased range of motion. Gaenslen's test was positive. Straight leg raise test was positive. FABER test was positive. Tenderness to palpation was noted in the right subdeltoid bursa and over the medial epicondyle and olecranon process. Exam of the right hip noted tenderness over the groin, sacroiliac joint, and trochanter. Hoffman's sign was positive on the right side. Treatment plan included x-ray of the right upper extremity, at the elbow and shoulder, referral to orthopedic surgeon for shoulder and elbow issues, and psychology evaluation. On 1/06/2015, Utilization Review (UR) non-certified a request for x-rays of the right elbow, noting the lack of compliance with ACOEM and Official Disability Guidelines. The UR

also non-certified a request for a referral to an orthopedic surgeon for the lumbar spine, citing ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): (s) 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Elbow Complaints, Special Studies, Page 238.

Decision rationale: Criteria for ordering imaging x-ray studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the imaging study. For most patients presenting with true elbow problems, special studies are not needed until after a four- to six-week period of failed conservative care and observation as most patients improve quickly, provided red flag conditions are ruled out. Radiographic films may show a fracture with stress views may show laxity indicating ligamentous derangement or instability; however, guidelines criteria have not been established. Submitted reports have not demonstrated specific symptom complaints, remarkable clinical findings, or failed conservative trial with acute red-flag conditions to support for the imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-ray of right elbow is not medically necessary and appropriate.

Referral for orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Elbow Complaints, Surgical Consideration, Page 239.

Decision rationale: Guidelines state specialty referrals are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated any changed symptoms or findings requiring surgical intervention. There is no report of new injuries, acute flare-ups, or red-flag conditions as the patient continues treating with pain management provider for chronic ongoing symptoms. The Referral for orthopedic surgeon is not medically necessary and appropriate.