

Case Number:	CM15-0079262		
Date Assigned:	04/30/2015	Date of Injury:	03/14/2013
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male, who sustained an industrial injury on 03/14/2013. He has reported subsequent back and right shoulder pain and was diagnosed with lumbar disc protrusion, right shoulder impingement syndrome, right shoulder superior labrum anterior and posterior tear and right shoulder acromioclavicular joint osteoarthritis. Treatment to date has included oral pain medication, physical therapy and chiropractic therapy. In a progress note dated 12/09/2014, the injured worker complained of constant back and lower extremity pain. Objective findings were notable for decreased range of motion of the right shoulder and decreased sensation of L4-L5 and L5-S1. A request for authorization of x-rays of the right and left elbow was submitted months later. There was no medical documentation submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: X-ray of the right and left elbow is not medically necessary per the MTUS ACOEM Guidelines. The MTUS states that the criteria for ordering imaging studies are that the imaging study results will substantially change the treatment plan; an emergence of a red flag; 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. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve their symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The documentation does not indicate red flag elbow findings or significant neurological change that would necessitate bilateral elbow x-rays therefore this request is not medically necessary.