

Case Number:	CM15-0090270		
Date Assigned:	05/14/2015	Date of Injury:	05/20/2008
Decision Date:	06/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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 49-year-old male who sustained an industrial injury on 05/20/08. Initial complaints and diagnoses are not available. Treatments to date include medications, right elbow surgery, and a left cervical median branch nerve block. Diagnostic studies include x-rays of the right elbow and forearm. Current complaints include right elbow and right shoulder pain. Current diagnoses include right lateral epicondylitis. In progress notes dated 01/20/15, 02/24/15, and 04/07/15 the treating provider reports that x-rays were taken of the right elbow and right forearm, all showing lateral epicondylitis. The requested treatments are x-rays of the right forearm and right elbow on 03/19/15. There is no documentation of x-rays taken on 03/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro X-Ray of Right Forearm (Radius and Ulna) DOS 3/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Forearm, Wrist & Hand, Radiography.

Decision rationale: Based on the 04/07/14 progress report provided by treating physician, the patient presents with right elbow pain with a pinching sensation. The patient is status post lateral release of elbow January 2009, per 06/14/13 report; and right elbow arthrotomy, lateral release, partial synovectomy per 08/27/13 operative report. The request is for retro x-ray of right forearm (radius and ulna) dos 3/19/15. Patient's diagnosis on 04/07/14 included lateral epicondylitis and pain in joint, upper arm. Physical examination to the right elbow on 04/17/14 revealed tenderness and limited range of motion. Treatments to date include right elbow surgery, left cervical median branch nerve block, imaging studies, and medications. Work status is not available. Treatment reports were provided from 06/12/13 - 04/07/14. 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 snuffbox - 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, chapter 'Forearm, Wrist & Hand (Acute & Chronic)' and topic 'Radiography', recommend x-rays to "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon." Treater has not provided medical rationale for the request, nor RFA. The patient is status post right elbow surgery January 2009 and August 2013. The patient had a CT of the right elbow, per 06/12/13 report. Per 09/05/13 progress report "X-rays of the right elbow and forearm show no calcifications in the soft tissues," and progress report dated 04/07/14 states "X-rays of the right elbow (three views) and right forearm (two views) show lateral epicondylitis." In this case, physical examination does not indicate any red flag conditions, and treater has not discussed new trauma or injury. Furthermore, the patient had prior imaging studies and X-rays of the right forearm following surgeries. It appears X-ray of the forearm was performed prior to authorization on 03/19/15, based on date of service for this request. This retrospective request is not medically necessary.