

<b>Case Number:</b>	CM14-0051660		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient has a reported date of injury on 6/5/2013 and injury is described as a trip and fall. Patient has a history of left (L) elbow radial head fracture and potential L shoulder adhesive capsulitis. Medical records reviewed. Last report reviewed until 4/8/14. Patient complains of pain to L elbow and shoulder. Objective exam reveals tenderness to L shoulder with guarding and decreased range of motion however the reportedly range of motion appears to be normal. No swelling, no instability. L elbow exam shows full range of motion with active and passive range of motion with some discomfort. There is mild tenderness to L radial head and neck and a negative Phalen's. Neurological exam is normal. Patient (pt) is reportedly undergoing physical therapy but has been inconsistent with sessions. X-ray of L elbow (6/15/13) reveals non-displaced fracture of L radial head. There is no reported imaging of the L shoulder. Independent Medical Review is for MRI of L shoulder and 2nd opinion ortho consult. Prior UR on 4/17/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left shoulder without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 208.

**Decision rationale:** As per MTUS ACOEM Guidelines, imaging of the shoulder should be considered only in emergence of red flag signs and symptoms, physiologic evidence of neurovascular insult, failure to progress in physical therapy and pre-invasive procedure clarification of anatomy. Pt does not meet any of these criteria. Pt has yet to fully complete or undergo appropriate level of physical therapy of the affected shoulder and there is no basic imaging such as X-rays reported done. MRI of the L shoulder is not medical necessary.

**2nd Opinion Ortho consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 195.

**Decision rationale:** As per MTUS ACOEM Guidelines, most shoulder related injuries can be safely management by primary or occupational physicians. Referral to specialist for shoulder problems should be considered only in emergence of red flag signs and symptoms, physiologic evidence of neurovascular insult, failure to progress in physical therapy and potential surgical intervention or invasive procedure. Pt does not meet any of these criteria. Pt has yet to fully complete or undergo appropriate level of physical therapy of the affected shoulder and there is no basic imaging such as X-rays reported done. Referral to orthopedist for 2nd opinion of the L shoulder is not medical necessary.