

<b>Case Number:</b>	CM15-0010199		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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, Pain Management

### 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 56 year old male, who sustained an industrial injury on 6/24/2013. He has reported left upper extremity and left shoulder injury. Magnetic Resonance Imaging (MRI) of the left elbow and left shoulder reported in 2013. The diagnoses have included status post left shoulder rotator cuff repair (SLAP procedure), status post brachial plexopathy with sensory deficits at C5-C8. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, medications, steroid injections, physical therapy and chiropractic therapy, and home Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, the IW complains of pain with use of upper extremity. Physical examination on June 17, 2014 documented decreased range of motion in left shoulder and left elbow, and decreased left hand grip. Trigger points were noted to multiple muscles. Plan of care was for possible options for surgical repair to left elbow/ bicep tendon retraction based on most recent Magnetic Resonance Imaging (MRI) results. On 12/18/2014 Utilization Review non-certified a fluoroscopic evaluation left elbow noting the documentation did not support the indications for the requested treatment including elbow instability. The MTUS Guidelines were cited. On 1/19/2015, the injured worker submitted an application for IMR for review of fluoroscopic evaluation left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Fluoroscopic Evaluation Left Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20383679>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 48.

**Decision rationale:** Regarding the request for fluoroscopic evaluation of the elbow, CA MTUS and ACOEM support radiography for red flags suggestive of fracture, cancer, or infection. Within the documentation available for review, the provider noted that there was a biceps tendon avulsion at the elbow with retraction noted on a prior MRI. He recommended a fluoroscopic evaluation of the elbow to evaluate for instability. An MRI was also recommended. There are no current symptoms/findings suggestive of instability and no rationale identifying the need for such an evaluation in addition to MRI to evaluate the elbow. In light of the above issues, the currently requested fluoroscopic evaluation of the elbow is not medically necessary.