

<b>Case Number:</b>	CM13-0013672		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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:

The injured worker is a 71-year-old with industrial related injury reported on October 07, 2003 to right shoulder. The mechanism of injury is reported as trip and fall. An MRI report dated November 05, 2003 revealed partial tear of supraspinatous tendon. Three of eight physical therapy visits were certified January 2011. The clinical note dated June 18, 2013 indicates the patient doing fairly well. The patient was identified as having a recent hospitalization secondary to cardiac complaints. The patient's orthopedic status was unchanged. The patient was able to demonstrate 40 degrees of right shoulder extension with complaints of increased pain with elevation. Tenderness was also identified at the acromion. The patient was further able to demonstrate 150 degrees of elevation. The clinical note dated September 17, 2013 indicates the patient continuing with right shoulder complaints. The patient continued with 150 degrees of elevation. Pain was identified as radiating into the right hand. The clinical note dated December 31, 2013 indicates the patient continuing to do well with no new complaints. Range of motion deficits continued with a tender acromion. The previous utilization review dated August 14, 2013 resulted in a denial for cardiac enzyme studies as no justification had been submitted for continuing to monitor the patient's lab levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 ENZYME SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

**Decision rationale:** The documentation indicates the patient complaining of a prolonged history of right shoulder pain with associated range of motion deficits. There is an indication the patient had undergone a hospitalization secondary to cardiac complaints. However, no information was submitted regarding the patient's continued cardiac complaints. Additionally, no information was submitted regarding the patient's current medication regimen indicating the need for enzyme studies. Given these factors, this request is not indicated as medically necessary. The request for one enzyme screen is not medically necessary or appropriate.