

Case Number:	CM13-0016694		
Date Assigned:	11/06/2013	Date of Injury:	10/21/2007
Decision Date:	01/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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.

CLINICAL CASE SUMMARY

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

44 y.o. female with injury from 10/21/07. Diagnoses provided by [REDACTED] include discogenic cervical condition, impingement syndrome of left shoulder, depression, weight gain, sleep issues. The request for functional restoration program was denied by [REDACTED] UR letter from 8/13/13. Rationale was that no clinical documentation was provided such as prior unsuccessful return to work or conflicting medical reporting on precautions/fitness for modified job, etc. The request was from 8/8/13 report by [REDACTED]. Review of the reports show that the patient has had shoulder decompressive surgery from 5/9/12. EMG/NCV studies were from 8/23/13 with negative results. While the treaters' progress reports are from Jan 2012, the most current report (8/8/13) containing the treaters' request is absent. 7/31/13 report, neck and left shoulder pain, P&S from April 2013, has depression, gained 35 lbs, no income at this time, and pain at 6/10. He recommended repeat nerve studies, facet injections, medications were provided, some labs. May 14, 2013 report has left shoulder pain, s/p RCR twice, had C-ESI a year ago with 40% pain relief for a few weeks., using medications that help and H-wave, which is really helpful for the pain. 3/27/13 report, constant sharp pain in shoulder 4-6/10. Neck pain is constant aching, ADLs are affected, and wakes up twice a night with pain, has depression, seen by a psychiatrist. Exam showed FROM of neck, bilateral arms extend to 160 degrees, left arm 4/5 strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: This patient suffers from chronic neck and shoulder pains having undergone 2 shoulder surgeries in the past with the most recent surgery from 5/9/12. The treater has asked for a functional restoration program. This request was made per report 8/8/13 but this report is not included in the file for me to review. I have reviewed other reports available dating back to January of 2012 with pertinent information outlined on summary section. MTUS requires patient assessment before functional restoration is to be utilized. Under criteria, baseline functional testing, patient's motivational level, willing to forgo secondary gains and negative predictors of success must have been addressed. These negative predictors include negative relationship with employer, poor work adjustment and satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, etc. The records do not provide any of this information. MTUS also recommends a trial of 2 weeks before continuing the treatments. The current request does not define time-duration. Recommendation is for denial.

Comprehensive metabolic panel cbc and u/a: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/hw4260.html>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 65.

Decision rationale: The progress report dated 7/31/13 noted that a request was made for a comprehensive metabolic panel, UA, and CBC due to the fact that the patient had not had testing done for liver and kidney in the past year. MTUS pg. 65 regarding Zanaflex, which the patient was prescribed, states that due to risk of hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). MTUS pg. 69 regarding NSAIDs, which the patient was prescribed, states "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). The requested lab work appears to be reasonable and supported by the guidelines noted above. Authorization is recommended.