MAXIMUS Federal Services

Case Number:	CM13-0016735		
Date Assigned:	12/11/2013	Date of Injury:	11/07/2011
Decision Date:	02/03/2014	UR Denial Date:	08/16/2013
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 in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and 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 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:

The patient is a 29-year-old female who reported an injury on 11/07/2011. The mechanism of injury was not provided for review. The patient received conservative treatment to include physical therapy, medications, a TENS unit, and an H-wave therapy unit. The patient's most recent clinical examination findings included tenderness to palpation along the supraspinatus and trapezius muscles of the left and right shoulder. Clinical findings also included normal range of motion of the left and right shoulder, normal muscle strength, and no sensory deficits. The patient's diagnoses included right shoulder pain status post rotator cuff repair, left shoulder myofascial pain/strain. The patient's treatment plan included continued use of H-wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count, complete chemical panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested complete blood count and complete chemical panel is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient continues to have right shoulder complaints and developing left shoulder complaints. California Medical Treatment Utilization Schedule recommends the use of

complete blood counts and complete chemical panels to monitor patients with chronic pain managed by long-term nonsteroidal anti-inflammatory drug use. The clinical documentation submitted for review does not provide any evidence that the patient has used nonsteroidal anti-inflammatory drugs for an extended period of time. Additionally, the clinical documentation submitted for review does not provide any clear indication of how this type of testing will contribute to the patient's treatment plan. As such, the requested complete blood count and complete chemical panel is not medically necessary or appropriate.

PT/DC (Physical therapy or Chiropractic therapy) three (3) times a week times six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy or chiropractic therapy 3 times a week for 6 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously received physical therapy. The efficacy of this therapy was not established in the documentation. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvements obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any evidence that the patient is failing to progress in a home exercise program. Therefore, additional physical therapy or chiropractic therapy would not be indicated. As such, the requested physical therapy or chiropractic therapy 3 times a week for 6 weeks is not medically necessary or appropriate.

Treatment for left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 22.

Decision rationale: The requested treatment for the left shoulder is not medically necessary or appropriate. Although the patient does have myofascial complaints of the left shoulder, the clinical documentation does not specifically identify how those complaints interfere with the patient's ability to perform normal job duties. Additionally, the American College of Occupational and Environmental Medicine recommends specific diagnoses and treatments are identified when evaluating a patient for an injury. The clinical documentation submitted for review does not provide specific treatment options or specific identification of a diagnosis. As such, the requested treatment for the left shoulder is not medically necessary or appropriate.