MAXIMUS Federal Services

Case Number:	CM13-0024746		
Date Assigned:	11/20/2013	Date of Injury:	05/22/1998
Decision Date:	01/06/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine and is licensed to practice in New York. 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. 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 claimant is a 57 year-old female with a date of injury of 05/22/1998. The mechanism of injury was not provided. She has diagnoses of chronic neck and shoulder pain, esophageal reflux and irritable bowel syndrome. She has been treated with medical therapy, physical therapy, injection therapy, and surgery. She is status post right shoulder subacromial decompression and anterior acromioplasty, right shoulder open excision of the distal clavicle, left shoulder acromioplasty and repair of rotator cuff and status post left shoulder partial acromioplasty and partial distal clavicle resection. Per the treating provider she has increased reflux symptoms with moderate tenderness over the upper abdomen. The treating provider has requested blood work, urinalysis, EKG, and echocardiogram with Doppler studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) blood work: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: There is no documentation provided necessitating the requested laboratory studies. Per the treatment guidelines periodic lab monitoring of a CBC and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic NSAID therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. Per the medical documentation the claimant is only maintined on Omeprazole. There is no specific indication provided for the requested bloodwork. Medical necessity has not been established. The requested service is not medically necessary.

One (1) urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The patient's provider requested a urine drug screen. Per the Chronic Pain Managment Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addicition with opioids as well as compliance and potential misuse of other medications. The provided documentation indicates the claimant is maintined only on Omeprazole. There is no specific documentation indicating medical necessity for urinalysis/urine drug screening. Medical necessity for the requested service has not been established. The rerquested service is not medically necessary.

One (1) EKG: 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 2013 Current Medical Diagnosis and Treatment, Stephen McPhee/Maxine A. Papadakis, "Evaluation of Cardiovascular Disease". .

Decision rationale: There is no indication for the requested EKG. The claimant has no establised diagnoses of hypertension or cardiac disease. There is no specific indication provided for the requested EKG. The claimant has undergone interventional and surgical procedures and there is no documentation of any previous EKG abnormalities requiring follow-up. Medical necesity for the requested service has not been established. The requested service is not medically necessary.

One (1) echocardiogram with Doppler studies: 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 2013 Current Medical Diagnosis and Treatment, Stephen McPhee/Maxine A. Papadakis, "Evaluation of Cardiovascular Disease"..

Decision rationale: There is no indication for the requested echocardiogram with Doppler studies. The claimant has no establised diagnoses of hypertension or cardiac disease. There is no specific indication provided for the requested echocardiogram. The claimant has undergone interventional and surgical procedures and there is no documentation of any previous EKG abnormalities. There is no documentation of any heart murmur on physical exam. Medical necessity for the requested service has not been established. The requested service is not medically necessary.