MAXIMUS Federal Services

Case Number:	CM13-0033147		
Date Assigned:	08/01/2014	Date of Injury:	06/07/2001
Decision Date:	08/29/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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 Emergency 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 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:

According to the 05/13/2014 report by [redacted] this patient presents with right shoulder pain that radiates into the proximal upper extremity and fingers. The patient is status post right capsular releases on 6/26/13 and the current request for 8 sessions of physical therapy is outside of post-surgical time-frame and for therapy treatments. The utilization review denial letter states the patient has had 18 sessions of PT authorized for the right post-operative shoulder per case notes. For non-post-op physical therapy, MTUS guidelines page 98 and 99 allow 9-10 visits for myalgia, myositis, and the type of condition this patient suffers from. In this case, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. In this case, the patient is almost a year from surgery and a short course of therapy may be indicated if the patient's condition has deteriorated but the provider does not provide much information regarding the need for more therapy and why home exercises are inadequate. Therefore, this request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echo-cardiogram: 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 Other Medical Treatment Guideline or Medical Evidence:UpToDate: Diagnostic approach to chest pain in adults.

Decision rationale: An Echocardiogram is indicated when there is suspicion for structural abnormality or valvular disease of the heart. In this case the patient had been experiencing chest and abdominal pain since the injury 13 years prior to the request. The patient's pain was constant and aggravated by lifting. There was no indication that the patient was experiencing any decline in cardiac function. There are no documented symptoms of heart failure or angina. The patient had no risk factors for cardiac disease. There is no indication for the echocardiogram. Therefore, this request is not medically necessary.

Chest X-Ray: 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 Other Medical Treatment Guideline or Medical Evidence: UpToDate: Diagnostic approach to chest pain in adults.

Decision rationale: A chest radiograph may assist in the diagnosis of chest pain if a cardiac, pulmonary, or neoplastic etiology is being considered. In this case the patient had been experiencing chest and abdominal pain since the injury 13 years prior to the request. The patient's pain was constant and aggravated by lifting. There was no indication that the patient was experiencing any decline in cardiac function or pulmonary function. There are no documented symptoms of heart failure, pneumonia, bronchitis, or angina. The patient had no risk factors for cardiac or pulmonary disease. There is no indication for the chest x-ray. Therefore, this request is not medically necessary.

CT Scan of Abdomen: 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 Other Medical Treatment Guideline or Medical Evidence: UpToDate: Diagnostic approach to abdominal pain in adults.

Decision rationale: Chronic abdominal pain is a common complaint, and the vast majority of patients will have a functional disorder, most commonly the irritable bowel syndrome Initial workup is therefore focused on differentiating benign functional illness from organic pathology. The history should determine the overall time course of the illness, and it should differentiate pain that is fairly constant from pain that is chronic and intermittent. Features that suggest organic illness include unstable vital signs, weight loss, fever, dehydration, electrolyte abnormalities, symptoms or signs of gastrointestinal blood loss, anemia, or signs of malnutrition.

In this case the patient had been experiencing chest and abdominal pain since the injury 13 years prior to the request. The patient's pain was constant and aggravated by lifting. There was no indication that the patient was experiencing any of the above symptoms of organic illness and there was no change in the patient's abdominal pain. There is no indication for the CT abdomen/pelvis. Therefore, this request is not medically necessary.

Labs - HGA2C, Liver Function Test and Chem-10: 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 Other Medical Treatment Guideline or Medical Evidence: UpToDate: Diagnostic approach to abdominal pain in adults.

Decision rationale: Chronic abdominal pain is a common complaint, and the vast majority of patients will have a functional disorder, most commonly the irritable bowel syndrome Initial workup is therefore focused on differentiating benign functional illness from organic pathology. The history should determine the overall time course of the illness, and it should differentiate pain that is fairly constant from pain that is chronic and intermittent. Features that suggest organic illness include unstable vital signs, weight loss, fever, dehydration, electrolyte abnormalities, symptoms or signs of gastrointestinal blood loss, anemia, or signs of malnutrition. In this case the patient had been experiencing chest and abdominal pain since the injury 13 years prior to the request. The patient's pain was constant and aggravated by lifting. There was no indication that the patient was experiencing any of the above symptoms of organic illness and there was no change in the patient's abdominal pain. There is no indication for the labs HgbA1c, liver function tests, and Chem-10. The request should not be authorized.