

Case Number:	CM13-0062235		
Date Assigned:	12/30/2013	Date of Injury:	02/13/2013
Decision Date:	04/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 Illinois. 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 patient is a 51 year old female who reported an injury on 02/13/2013 from a door impaction. Her diagnoses include left shoulder adhesive capsulitis, left shoulder bursitis/impingement, left elbow medial/lateral epicondylitis, and left shoulder anterior/superior labral tear. She was seen on 11/27/2013 for complaints of pain to her left shoulder, elbow, and hand rated at 7/10. The note indicates the injection to her shoulder provided one week of relief but her symptoms returned and she experienced numbness and tingling to her left upper extremity. The note states the patient used Norco and Flexeril which allowed her to perform a home exercise program and do more activities around the house. The exam reported left shoulder flexion 0-150 degrees, abduction 0-140 degrees, external rotation 0-50 degrees, internal rotation 0-60 degrees, and adduction and extension 0-30 degrees. She had pain on cross arm testing, to direct palpation, positive Speed's test, intact sensation, and 4/5 strength. Her left elbow was described as 0-140 flexion, zero extension, 0-80 degree pronation, 0-80 degree supination, and tenderness. Her left hand had 0-60 degree flexion, 0-50 extension, 0-20 degree radial deviation, 0-40 ulnar deviation, positive Finkelstein's and CMC grind test with tenderness, 4+/5 grip strength, and full range of motion to the metacarpal and interphalangeal joints. The image report noted mild degenerative joint disease to the elbow and hand, a tear of the anterior/superior labrum, and mild tendinopathy of the supraspinatus. She was recommended for left shoulder arthroscopic decompression and scope evaluation with post-operative chiropractic therapy due to her constant pain, functional limitations, and failed conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) medication panel to evaluate hepatic function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Online Edition: NSAIDs, hypertension and renal function

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The MTUS guidelines recommend routine monitoring with the use of NSAIDs, including periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The documentation submitted did not provide a rationale for the requested service and therefore, appropriateness cannot be determined. As such, the request is non-certified.

Twelve (12) post-operative chiropractic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214, Chronic Pain Treatment Guidelines Physical Therapy Page(s): 58-59.

Decision rationale: The MTUS guidelines recommend manual therapy as an option for low back complaints, whereas manipulation for the forearm, wrist, and hand is not recommended. The ACOEM guidelines do not recommend passive modalities by a therapist unless it is accompanied by teaching the patient exercises to be carried out at home. Additionally, the request does not specify the body part for which therapy is to be carried out. Given the above, the request is non-certified.

One (1) medication panel to evaluate renal function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Online Edition: NSAIDs, hypertension and renal function.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The MTUS guidelines recommend routine monitoring with the use of NSAIDs, including periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment

duration has not been established. The documentation submitted did not provide a rationale for the requested service and therefore, appropriateness cannot be determined. As such, the request is non-certified.