MAXIMUS Federal Services

Case Number:	CM14-0102818		
Date Assigned:	07/30/2014	Date of Injury:	01/28/2014
Decision Date:	09/11/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine & Rehabilitation 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 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:

The injured worker is a 45-year-old male who reported an injury on 01/28/2014. The mechanism of injury was not stated. Current diagnoses include lateral epicondylitis, radial tunnel impingement, occipital tendinitis, thoracic outlet syndrome, carpal tunnel syndrome, adhesive capsulitis, internal derangement, diabetes mellitus, metabolic syndrome, GERD (Gastroesophageal Reflux Disease), hypertension, insomnia, and obesity. The injured worker was evaluated on 06/30/2014 with complaints of persistent pain. Physical examination was not provided on that date. Treatment recommendations included a shoulder immobilizer, instructions in a home exercise program, electrodiagnostic studies of the upper extremities, a fasting glucose test, and an MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Xrays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. There was no physical examination of the cervical spine provided for this review. Therefore, the medical necessity for the requested x-ray has not been established. As such, the request of Cervical Spine X-rays is not medically necessary and appropriate.

Two Views X-ray for Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There was no documentation of a physical examination of the left wrist provided for this review. Therefore, the medical necessity for the requested x-ray has not been established. As such, the request of two Views X-ray for Left Wrist is not medically necessary and appropriate.

Two Views Xray for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. There was no physical examination of the left shoulder provided for this review. Therefore, the medical necessity for the requested service has not been established. As such, the request of two Views X-ray for Left Shoulder is not medically necessary and appropriate.

MRI of Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. There was no physical examination of the left shoulder provided for this review. Therefore, the medical necessity for the requested service has not been established. As such, the request of MRI of Left Shoulder is not medically necessary and appropriate.

MRI of Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): pp. 42-43.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve symptoms. There was no physical examination of the left elbow provided for this review. Therefore, the medical necessity has not been established. As such, the request of MRI of Left Elbow is not medically necessary and appropriate.

Vitamin D level test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cardiometabolic Risk Management Guidelines in Primary Care Qatif (Saudi Arabia): Qatif Primary Health Care; 2011, 124p.

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: www.labtestsonline.com. Lab Tests Online, HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on May 27, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, a vitamin D test may be requested when an individual is known to be at risk of vitamin D deficiency. There is no documentation of vitamin D deficiency or low calcium levels. The medical necessity for the requested service has not been established. Therefore, the request of Vitamin D level test is not medically necessary and appropriate.

Fasting Glucose Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cardiometabolic Risk Management Guidelines in Primary Care Qatif (Saudi Arabia): Qatif Primary Health Care; 2011, 124p.

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: www.labtestsonline.com. Lab Tests Online, HON code standard for trustworthy health information. Â©2001 - 2014 by American Association for Clinical Chemistry, Last modified on May 27, 2014.

Decision rationale: According to the American Association for Clinical Chemistry, blood glucose testing can be used to screen healthy, asymptomatic individuals for diabetes and pre-diabetes. The injured worker does maintain a diagnosis of diabetes mellitus. However, there is no documentation of an acute abnormality, nor evidence of any previous glucose testing. Based on the clinical information received, the request of Fasting Glucose Testing is not medically necessary and appropriate.

Cortisone/Anesthetic Injection for Left Occiput: 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, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater occipital nerve block.

Decision rationale: The Official Disability Guidelines state greater occipital nerve blocks are currently under study for use in treatment of primary headaches. The injured worker does not report persistent headaches. There was no physical examination provided for this review. Therefore, the request of Cortisone/Anesthetic Injection for Left Occiput is not medically necessary and appropriate.

Cortisone/Anesthetic Injection for Left Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is good evidence that glucocorticoid injections reduce lateral epicondylar pain. If a non-invasive treatment strategy fails to improve the condition over a period of at least 3 weeks to 4 weeks, injections are recommended. There was no physical examination of the left elbow provided for this review. There is also no mention of an attempt at any conservative treatment. Based on the

clinical information received, the request of Cortisone/Anesthetic Injection for Left Elbow is not medically necessary and appropriate.