

<b>Case Number:</b>	CM14-0015948		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and forearm pain reportedly associated with an industrial injury of January 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; muscle relaxants; earlier shoulder decompression surgery in 2012; subsequent shoulder surgery in February 2013; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated January 3, 2014, the claims administrator denied a request for a full laboratory testing, MRI imaging of the shoulder, MRI imaging of the lumbar spine, a functional capacity evaluation, a psychiatry evaluation, and a sleep study. The claims administrator did not incorporate cited guidelines into its rationale and did not, in many instances, state which guidelines it was referencing. In a November 9, 2013 report which is labeled qualified medical evaluation, the applicant presented with neck pain, shoulder pain, upper extremity pain, elbow pain, and low back pain. The applicant reported persistent complaints of neck pain, worsened with motion. It was acknowledged that the applicant was represented. It was stated that the applicant was currently working two jobs, one as a counselor and another as a student liaison. The applicant exhibited a fairly well-preserved shoulder range of motion with well-healed arthroscopy marks about the right shoulder. Right shoulder flexion was 135 degrees with left shoulder flexion 170 degrees. The medical-legal evaluator stated that he would obtain x-rays, blood work, and other tests, many of which were not clearly outlined. Per the claims administrator, late request for the items at issue were sought via a request for authorization (RFA) form dated January 23, 2014, without any accompanying progress notes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FULL LAB 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 Page(s): 70.

**Decision rationale:** It is not clearly stated precisely what this request represents. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does, for instance, support periodic CBC, renal function testing, and hepatic function testing in applicants using NSAIDs, in this case, however, the attending provider has not outlined precisely what lab tests are being sought here and/or the rationale for the testing in question. As noted previously, no clinical progress notes were attached to the applicant's Independent Medical Review and/or request for authorization. The sole note on file was a medical-legal evaluation. Therefore, the request is not medically necessary.

**Functional Capacity Evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, no rationale for the FCE testing in question has been proffered. The applicant has reportedly returned to regular duty work and is, moreover, working two jobs. It is unclear why it is needed to formally quantify the applicant's impairment. Therefore, the request is not medically necessary.

**MRI Right 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 9 Shoulder Complaints Page(s): Table 9-6, page 214.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214 routine MRI imaging or arthrography without surgical indication is not recommended. In this case, it does not appear that the applicant is considering further shoulder

surgery. It was never clearly stated that the applicant was intent on pursuing further right shoulder surgery following an earlier decompression procedure. As noted previously, no clinical progress notes were attached to the January 23, 2014 request for authorization form in which the services were apparently sought. No rationale for the test in question was attached to the Independent Medical Review application. Therefore, the request is not medically necessary.

**Psych Evaluation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388 do support referral to a mental health professional in applicants whose mental health symptoms became disabling and/or persist beyond three months, in this case, however, the applicant has apparently successfully returned to work. There is no evidence that the applicant's symptoms are sufficiently severe as to warrant a psychiatry evaluation. As with the many other requests, this request appears to have been initiated without any compelling applicant-specific rationale or clinical progress note. Therefore, the request is not medically necessary.

**MRI Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery. There is no evidence that the applicant has any red flag diagnoses such as fracture, tumor, cauda equina syndrome, etc., which would warrant lumbar MRI imaging. As with the many other requests, it appears that these items have been sought without any accompanying clinical rationale or clinical progress notes from the applicant's treating provider. Therefore, the request is not medically necessary.

**Sleep Study: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter, Sleep studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

**Decision rationale:** MTUS does not address the topic. While the American Academy of Sleep Medicine (AASM) does acknowledge that polysomnography is indicated where there is reasonable clinical suspicion of a breathing disorder such as sleep apnea, in this case, however, it has not been clearly outlined why a bona fide sleep disorder such as sleep apnea is suspected here. While the applicant's medical-legal evaluator did report on November 19, 2013 that the applicant reported some issues with waking up at night secondary to pain complaints, this does not evoke any particular suspicion of a bona fide sleep disorder, but, rather, references a sequelae of pain. A sleep study would be of no benefit in establishing the presence or absence of pain-induced sleep disturbance. Therefore, the request is not medically necessary.