

Case Number:	CM14-0173802		
Date Assigned:	10/27/2014	Date of Injury:	06/25/2011
Decision Date:	12/03/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Interventional Spine Pain Management 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 patient is a 53 year old with an injury date on 6/25/11. Patient complains of low lumbar pain radiating to left lower extremity with numbness/tingling, and continuing left shoulder weakness per 9/24/14 report. Based on the 9/24/14 progress report provided by [REDACTED] the diagnosis is s/p left shoulder arthroscopy, performed on 11/20/13, subacromial decompression, debridement of Type 1 SLAP tear and distal clavicle resection. Exam on 9/24/14 showed "left shoulder range of motion decreased, with ranging causing increased pain." No range of motion testing for left shoulder was found in reports. Patient's treatment history includes TENS unit, home exercise program, but patient is not currently taking any medications. [REDACTED] is requesting one exercise resistance chair with freedom flex shoulder stretcher, one internal medicine consultation within state fund MPN, and one hepatic function panel. The utilization review determination being challenged is dated 10/15/14 and denies request for exercise resistance chair for shoulder as exercises can be performed at home without equipment, and denies request for internal consultation due to patient having discontinued Norco and lack of documentation of heartburn, and denies request for liver test due to patient having discontinued Norco and no longer taking opiates. [REDACTED] is the requesting provider, and he provided treatment reports from 2/25/14 to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) exercise resistance chair with freedom flex shoulder stretcher: 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 Official Disability Guidelines (ODG) Exercises, under Shoulder Acute & Chronic

Decision rationale: This patient presents with lower back pain, left lower extremity pain, and left shoulder weakness. The provider has asked for one Exercise Resistance Chair with freedom flex shoulder stretcher on 9/24/14. Regarding exercise for the shoulder, ODG states that it is recommended. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms. Pendulum exercises are usually tolerated by the patient even when discomfort is pronounced, and range of motion can be preserved by this method. Lifting and working at 90 degrees (the position of abuse) as well as overhead work should be proscribed or restricted during the first few weeks after onset of problems due to acute rotator cuff tear, AC joint strain or separation, and impingement syndrome. (Verhagen-Cochrane, 2004) Exercise was demonstrated to be effective in terms of short term recovery in rotator cuff disease, and longer term benefit with respect to function. In this case, the provider has requested a purchase for a shoulder exercise chair, as patient still has weakness in the shoulder and does not have exercise equipment at home for the shoulder. However, the provider does not provide documentation to demonstrate that the patient is not able to do the exercise unless the equipment is provided. The patient doesn't have any significant shoulder problems in the physical examination, and there are other home exercise methods to perform strengthening exercises i.e. stretching. The requested purchase of an exercise resistance chair with freedom flex shoulder is not medically necessary for patient's ongoing home exercise rehabilitation. Therefore, this request is not medically necessary.

One (1) internal medicine consultation within State Fund MPN: Overturned

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 ACOEM chapter 7, page 127, consultations

Decision rationale: This patient presents with lower back pain, left lower extremity pain, and left shoulder weakness. The provider has asked for one Internal Medicine Consultation within state fund MPN on 9/24/14 "to evaluate for increased hypertension and heartburn due to medication use/chronic pain and disability." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the requested one internal medicine consultation within state fund MPN appears reasonable for patient's increased hypertension and heartburn symptoms. Therefore, this request is medically necessary.

One (1) hepatic function panel: Overturned

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 Aetna Healthline: Liver Function Tests

Decision rationale: This patient presents with lower back pain, left lower extremity pain, and left shoulder weakness [Click here to enter text](#). The provider has asked for one HEPATIC FUNCTIONAL PANEL on 9/24/14. Review of the reports do not show any evidence of a hepatic function panel being done in the past. Regarding Liver Function Tests, MTUS, ACOEM, and ODG are silent. Aetna Healthline states liver function tests measure certain chemicals produced by liver to determine whether your liver is damaged or inflamed. Tests may measure: Bilirubin, Albumin, Prothrombin time and INR (a measure of blood clotting). The liver may be damaged if patient has increased levels of: Alanine aminotransferase (ALT or SGPT) or aspartate aminotransferase (AST or SGOT) or an increased level of alkaline phosphatase (AP) which may indicate blockage of bile ducts. These tests can also help diagnose long-term (chronic) infection. Hepatitis C infection is considered chronic when liver enzymes remain elevated for longer than 6 months. If patient is being treated with antiviral therapy, provider may have liver tests from time to time to see whether treatment is working. In this case, the patient presents with "increased hypertension" per 9/24/14 report and a requested one hepatic function panel appears reasonable to evaluate liver function. The patient is on various medications as well, therefore, this request is medically necessary.