

Case Number:	CM14-0034968		
Date Assigned:	06/23/2014	Date of Injury:	07/01/2008
Decision Date:	08/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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, 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder and arm pain associated with an industrial injury of July 1, 2008. Thus far, the applicant has been treated with analgesic medications, at least one prior corticosteroid injection, and prior shoulder decompressive surgery. In an August 20, 2013 medical-legal evaluation, it was acknowledged that the applicant remained off of work. The applicant had experienced temporary relief from an early shoulder corticosteroid injection in June 2013. The applicant was no longer working as a housekeeper. On September 20, 2013, the applicant was described as having chronic, unresolved shoulder complaints, secondary to shoulder impingement syndrome, and/or shoulder bursitis. The applicant was not working. In February 3, 2014, the applicant was described as having persistent complaints of pain. Authorization was sought for a quarterly laboratory testing and corticosteroid injection therapy. The applicant was asked to continue unspecified NSAIDs. It was stated that the applicant had not returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labwork CBC, Chem 8, Hepatic panel every 3 months for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AA/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects topic Page(s): 70.

Decision rationale: The applicant appears to be using unspecified NSAIDs. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent laboratory testing, to include CBC testing, renal function testing, and hepatic function testing for applicants using NSAIDs, the MTUS does not establish a frequency for performing laboratory testing. The attending provider has not clearly outlined why the applicant needs to undergo laboratory testing quarterly. The attending provider has not stated applicant's baseline levels of renal function, hepatic function, and/or hematologic function. The attending provider has not furnished the applicant's complete medication list and/or stated why such a high frequency of laboratory testing is needed here. Therefore, the request is not medically necessary.

Corticosteroid injection x 1 for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, two or three shoulder subacromial corticosteroid injections are indicated over an extended period of time as part of an exercise rehabilitation program to treat rotator cuff impingement syndrome or small tears. In this case, the applicant had only one prior shoulder corticosteroid injection, which the attending provider reported was temporarily successful. A second such injection is therefore indicated. Accordingly, the request is medically necessary.

Follow-up with orthopedic surgeon for the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has persistent shoulder pain complaints which have proven recalcitrant to time, medications, injection therapy, and earlier shoulder decompressive surgery. Obtaining the added expertise of an orthopedic shoulder surgeon is therefore indicated. Accordingly, the request is medically necessary.