

Case Number:	CM14-0037144		
Date Assigned:	06/27/2014	Date of Injury:	11/14/2011
Decision Date:	08/18/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Internal 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 patient is a 70-year-old female who has submitted a claim for low back and bilateral shoulder pain associated with an industrial injury date of November 14, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of increased left shoulder pain with stiffness upon motion. This was accompanied by left posterior thigh pain radiating to the left foot. She has a history of aortic regurgitation with a shunt in place. Physical examination of the left shoulder showed atrophy and joint asymmetry; limitation of motion; tenderness over the acromioclavicular joint and biceps groove; and positive Hawkin's, Neer's, Empty Can, and O'Brien's tests. Lumbar spine examination showed tenderness over the left sacroiliac joint. Cardiac examination did not show evidence of edema. Blood pressure is 110/70 mmHg. Exercise stress test performed on November 11, 2013 showed normal stress ECG; chest pain provoked with SOB; borderline EKG changes, and good exercise tolerance. The diagnoses were low back pain and bilateral shoulder pain. Left shoulder surgery was contemplated, and a pre-operative nuclear cardiology stress test was requested due to increased risk of intraoperative arrhythmia. Mobic was also requested for pain. Treatment to date has included oral analgesics. Utilization review from March 20, 2014 denied the requests for nuclear cardiology stress test prior to left shoulder surgery, and Mobic 7.5mg #60. The reasons for denial were not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuclear cardiology stress test prior to left shoulder surgery: 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 Other Medical Treatment Guideline or Medical Evidence: Journal of the American College of Cardiology, Criteria for Stress Echocardiography.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, 2008 Appropriateness Criteria for Stress Echocardiography was used instead. According to the guideline, risk assessment for preoperative evaluation for noncardiac surgery are as follows: low risk for minor or intermediate clinical risk predictors; intermediate risk for patients with poor exercise tolerance (less than or equal to 4 METs) including those with minor or no clinical risk predictors, and those with intermediate risk predictors; and high-risk non-emergent surgery for patients with poor exercise tolerance (less than or equal to 4 METs), and those asymptomatic up to 1 year after normal catheterization, non-invasive test, or previous revascularization. In this case, the patient was reported to have intraoperative risk for cardiac arrhythmia. However, there was no risk assessment noted on the medical records provided. Exercise stress test performed on November 11, 2013 showed normal stress ECG; chest pain provoked with SOB; borderline EKG changes, and good exercise tolerance. There was no objective evidence of cardiac pathology that would necessitate a nuclear stress test based on the most recent progress reports. Moreover, it is unclear whether the contemplated left shoulder surgery has been certified. The medical necessity has not been established. Furthermore, there was no clear rationale as to why a nuclear stress test is warranted as compared to a conventional stress test. Therefore, the request for nuclear cardiology stress test prior to left shoulder surgery is not medically necessary.

Mobic 7.5 mg #60: 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 NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient's pain medications were not specified. It is unclear whether the patient is currently taking other NSAIDs. Moreover, there was no evidence that these medications have failed to relieve pain. The medical necessity has not been established at this time due to lack of information. Therefore, the request for Mobic 7.5 mg #60 is not medically necessary.

