

Case Number:	CM14-0043394		
Date Assigned:	07/23/2014	Date of Injury:	09/11/2011
Decision Date:	09/03/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 chronic shoulder pain reportedly associated with an industrial injury of September 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier cervical fusion surgery; and ulnar nerve decompression surgery. In a Utilization Review Report dated March 12, 2014, the claims administrator approved a request for bilateral upper extremity SSEP testing, denied an occupational therapy evaluation of the applicant's home, and denied laboratory testing to include CBC, lipid panel, CMP, thyroid function testing, PSA, urinalysis, CRP, sed rate, and hemoglobin A1c. The applicant's attorney subsequently appealed. In a work status report dated June 30, 2014, the applicant was placed off of work, on total temporary disability, while lumbar MRI imaging, thoracic MRI imaging, neurosurgery follow-up visit, and SSEP testing were all sought. In a progress note of June 30, 2014, the applicant presented with multifocal neck, shoulder, arm, and elbow pain. The applicant had dysphagia associated with earlier cervical spine surgery, it was stated. Electrodiagnostic testing had apparently established a diagnosis of carpal tunnel syndrome. Authorization was sought for Remeron, a neurosurgery consultation, lumbar and thoracic MRI imaging. The applicant was off of work, it was acknowledged. The applicant was unemployed, it was stated. The applicant reportedly felt fatigue after performing certain activities. The applicant was anxious and depressed, it was suggested. The applicant is using a cane to ambulate. The applicant was pending speech therapy, it was further noted. Diminished right arm grip strength was appreciated. The attending provider posited that the applicant was "totally disabled." A variety of medications were refilled, including Cialis, Robaxin, Meclizine, Hydrochlorothiazide, Voltaren gel, Zocor, Norco, Valium, Pristiq, and

Fetzima. On May 8, 2014, it was stated that the applicant had a history of hypertension and was on Hydrochlorothiazide for the same. It was stated that the applicant might have evidence of cellulitis about the elbow following earlier ulnar nerve decompression surgery. On May 16, 2014, the applicant was described as having exhausted Worker's compensation indemnity benefits and was therefore in the process of applying for unemployment compensation. On February 28, 2014, the applicant apparently presented with variety of issues, including dysphagia, depression, neck pain, and shoulder pain. Electrodiagnostic testing and a variety of other requests were sought. The attending provider stated that the claims administrator should refer to his request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 OCCUPATIONAL THERAPY EVALUATION OF HOME: 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 HOME HEALTH SERVICES Page(s): 51.

Decision rationale: As noted on page 51 of the Chronic Pain Medical Treatment Guidelines, Home Health Services which are specifically not covered include stand-alone assistance with performance of activities of daily living, such as housekeeping, cooking, cleaning, shopping, other household chores, etc. It appears, in this case, that the occupational therapy evaluation being sought does represent a precursor to pursuit of Home Health Services or Home Health Aide for the purpose of provision of homemaker services which are specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

1 LAB TEST: COMPREHENSIVE CHEMISTRY, LIPID PANEL, CBC, THYROID, PROSTATE SPECIFIC ANTIGEN, URINALYSIS, CRP, SEDIMENTATION RATE AND HEMOGLOBIN A1C: 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, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 311, 208, 264.

Decision rationale: The hemoglobin A1C can be employed either as a screening test for diabetes or the mark of underlying diabetes control. While the MTUS Guideline in ACOEM Chapter 11, page 264 does suggest that clinician should consider the presence of medical disease such as diabetes, in this case, however, it is not clearly stated why diabetes was suspected. No clear rationale for the testing in question was furnished by the attending provider, who simply

suggested referring to his request for authorization form for further detail. It was not clearly stated why, how, or if diabetes was suspected here. Similarly, the MTUS Guidelines in ACOEM Chapter 11, page 264 also suggests consideration of hypothyroidism as comorbidity in applicants in forearm, wrist, and/or hand complaints. In this case, however, it is not clearly stated why, how, or if occult hypothyroidism is suspected here. While the MTUS Guidelines in ACOEM Chapter 9, page 208 does support CBC testing, ESR testing, and/or other testing for autoimmune diseases in whom inflammatory autoimmune-associated joint pain are suspected, in this case, however, it does not appear that an autoimmune disease process or autoimmune arthropathy is suspected here. No rationale for pursuit of the CBC, CRP, and/or ESR components of the request was proffered by the attending provider. While the MTUS-adopted ACOEM Guidelines in Chapter 12, algorithm 12-1, page 311 do suggest obtaining a urinalysis in applicants in whom there are red flags for cancer and/or infection, in this case, however, there does not appear to be any red flags for cancer and/or infection present here. No rationale for selection of any of the diagnostic tests in question was proffered by the attending provider. Since many of the tests in question are not recommended owing to lack of supporting rationale, the entire request is not supported. Therefore, the request is not medically necessary.