

Case Number:	CM13-0015719		
Date Assigned:	12/27/2013	Date of Injury:	05/18/2010
Decision Date:	12/10/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 claimant is a 51 year old female presenting with neck and right shoulder pain after a fall at work on 5/18/2010. The physical exam was significant for cervical tenderness, right shoulder tenderness, weakness, and limited range of motion. The claimant was prescribed Tylenol ER, Ibuprofen, hydrocodone 5/500, Valium, home exercise therapy, accupuncture and an IF unit. MRI of the right shoulder on 8/26/2013 was significant for chronic SLAP lesion, subscapularis tendinosis as well as supraspinatus tendinosis and intrasubstance partial tear and acromion subdeltoid bursitis. The claimant was diagnosed with frozen shoulder, probable rotator cuff tear, cervical degenerative disc disease, obesity, "significant for potential diabetes and or pre-diabetes and metabolic syndrome," and probable depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chem-12 laboratory test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Chem 12 laboratory test is not medically necessary. Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed with obesity and related metabolic syndrome again a diagnosis unrelated to her work related fall. Per CA MTUS page 11 "Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8;" therefore, the requested test is not medically necessary.

Fasting blood sugar laboratory test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Fasting blood sugar laboratory test is not medically necessary. Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed with obesity and related metabolic syndrome again a diagnosis unrelated to her work related fall. Per CA MTUS page 11 "Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8;" therefore, the requested test is not medically necessary.

Hemoglobin A1c laboratory test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Testing.

Decision rationale: Hemoglobin A1c laboratory test is not medically necessary. Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed with obesity and related metabolic syndrome again a diagnosis unrelated to her work related fall. Per CA MTUS page 11 "Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8;" therefore, the requested test is not medically necessary.

Vitamin D laboratory test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Vitamin D laboratory test is not medically necessary. Test shall not add to a diagnosis or treatment associated with the claimant's work related injury. The claimant was diagnosed with obesity and related metabolic syndrome again a diagnosis unrelated to her work related fall. Per CA MTUS page 11 "Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8;" therefore, the requested test is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI.

Decision rationale: MRI of the right shoulder is not medically necessary. The claimant had not failed conservative therapy, an MRI was already previously performed and there is no evidence of a labral tear or possible surgical issue. Per ODG Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) Additionally, "When surgery is being considered for a specific anatomic defect (e.g, a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. Selecting specific imaging equipment and procedures will depend on the availability and experience of local referrals. Relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began (for example, degenerative partial thickness rotator cuff tears), and therefore has no temporal association with the symptoms."