

Case Number:	CM14-0189029		
Date Assigned:	11/19/2014	Date of Injury:	04/15/2013
Decision Date:	01/08/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Surgery 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:

50-year-old injured worker was reported industry injury of April 14, 2013. Current medications that the claimant is utilizing his Norco 5/325 mg 3 per day, naproxen, Prilosec 20 mg 1 per day and Lidopro cream. Magnetic resonance imaging (MRI) of the right shoulder dated October 14, 2013 demonstrates moderate supraspinatus tendinopathy with a partial tear but no full-thickness tear. There is mild subscapularis tendinopathy noted. Minimal acromioclavicular joint osteoarthritis is also noted. Infection panel dated on September 15, 2014 demonstrates a normal CBC, ESR and C-reactive protein. Exam note October 1, 2014 demonstrates pain ongoing in the back, leg, neck and arm. Exam note October 1, 2014 demonstrates diffuse tenderness to palpation of the cervical and lumbar spine. Tenderness is noted with palpation cervical spine in the right and left trapezial region. Spurling's test was positive bilaterally causing pain to the elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Follow Ups with Orthopedic Complaints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note from 10/1/14 does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the requested treatment is not medically necessary and appropriate.

Hydrocodone /APAP 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS)/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 10/1/14. Therefore the requested treatment is not medically necessary and appropriate.

Repeat Infection Panel: 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: Henriquez-Camacho C, Losa J. Biomarkers for sepsis. Biomed Res Int. 2014;2014:547818. doi: 10.1155/2014/547818. Epub 2014 Mar 30.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) is silent on infection panel as is Official Disability Guidelines (ODG). Alternative guidelines were therefore utilized. According to Henriquez et al in 2014, demonstrated that infection panel is utilized to evaluate for sepsis. In this case the prior infection panel was negative. There is no information from the exam note of 10/1/14 to justify a repeat panel. Therefore the requested treatment is not medically necessary and appropriate.