

Case Number:	CM14-0194883		
Date Assigned:	12/02/2014	Date of Injury:	04/21/2014
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/20/2014

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 injured worker is a 63-year-old male who reported an injury on 04/21/2014. The mechanism of injury was not specifically stated. The current diagnoses include sprain/strain of the cervical spine and rule out right shoulder strain, impingement and rotator cuff tear. The injured worker presented on 11/19/2014 with complaints of neck and shoulder pain rated 8/10. The injured worker also reported right shoulder weakness and fatigue with lifting. Previous conservative treatment includes anti-inflammatory medication, chiropractic treatment and acupuncture. Physical examination revealed limited cervical range of motion and pain at the right paracervical and trapezius with full flexion, 80% extension, 120 degree right shoulder abduction with pain at 90 degrees, 90 degree internal rotation, 80 degree external rotation, tenderness to palpation at the mid medial and lower lateral scapular border and upper trapezius, tenderness to palpation at the AC joint and anterior glenohumeral joint and positive impingement and hawkins signs. Treatment recommendations included an MRI of the right shoulder, a CBC and chem 12, and an independent medical review regarding a TENS denial. A request for authorization form was submitted on 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab testing; complete blood count (CBC), Chem 20, urine screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understnading/analytes/cbc/tab/test>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 43, 70, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The MTUS guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating tests after this treatment duration has not been established. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker exhibits no signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for laboratory testing has not been established. The MTUS guidelines further state drug testing is recommended as an option, using a urine drug screen to assess of the use or presence of illegal drugs. The ODG state the frequency of urine drug testing should be based on documented of risk stratification. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There was no documentation of noncompliance or misuse of medication. There was no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity has not been established and therefore, the request is not medically appropriate at this time.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 114-117.

Decision rationale: The MTUS guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a one month home based trial may be considered as a noninvasive conservative option. There should be documentation of a failure of other appropriate pain modalities. A one month trial period should be documented prior to a unit purchase. The total treatment duration was not listed in the current request. It is unclear whether the provider is requesting a one month trial or a unit purchase. Therefore, the request is not medically appropriate at this time.