

Case Number:	CM14-0198490		
Date Assigned:	12/08/2014	Date of Injury:	09/16/2007
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 15, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; a bone growth stimulator for clavicular fracture/shoulder fracture nonunion; and extensive periods of time off of work. In a Utilization Review Report dated November 5, 2014, the claims administrator denied a GI consultation and an associated metabolic workup, which apparently included a vitamin B12, folate, LDH, urinalysis, TSH, free T4, and free T3. The claims administrator referenced September 15, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In a May 12, 2014 shoulder surgery consultation, the applicant reported ongoing complaints of shoulder pain. The applicant stated that her shoulder hurt all the time. The applicant was a former smoker. The applicant apparently had previous issues with postoperative infection. The applicant was using four Vicodin daily. X-rays of the shoulder apparently demonstrated an indwelling bone growth stimulator. In a work status report dated September 15, 2014, the applicant was placed off of work, on total temporary disability and progress note of the same, September 15, 2014, the applicant was given diagnosis of atrophic nonunion versus hypertrophic nonunion of the shoulder. The attending provider stated that an atrophic nonunion would require further workup and that hypertrophic nonunion would require surgical intervention. The attending provider stated that the applicant needed to correct unspecified metabolic problems prior to surgery. In a September 11, 2014 progress note, the applicant was described as having a normocytic anemia. The applicant's differential diagnoses include iron deficiency anemia, vitamin deficiency, or endocrine issues. The attending provider stated that the applicant needed workup, which required characterization of anemia and/or possible GI or GU workup to include a vitamin B12, folate, LDH, thyroid function testing, and

urinalysis. The attending provider stated that the applicant was clinically euthyroid but had a low TSH level. Further workup was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

GI Consultation a GU work up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may appropriate when an attending provider is uncomfortable treating a particular cause of delayed recovery, in this case, however, neither the applicant's primary treating provider, an orthopedic shoulder surgeon, nor the applicant's secondary treating provider, an internist/hematologist, has identified the presence of any Gastroenterology (GI) or Urology (GU) issues, which would warrant a GI consultation and/or GU workup. The exact nature of the workup at issue, furthermore, has not been clearly outlined. The applicant's internist/hematologist suggested on September 11, 2014, that the applicant's anemia was a function of either iron deficiency anemia versus vitamin deficiency anemia, versus thyroid dysfunction-induced anemia. There was no mention of the applicant having any gastrointestinal bleeding issues, such as bright red blood per rectum, hematochezia, melena, etc., which would compel a Gastroenterology workup, nor is there mention of the applicant having urological issues with hematuria or ureterolithiasis, for instance, which would compel a Urology (GU) workup. Therefore, the request is not medically necessary.

Labs: B12, Folate, LDH, SPEP, Urine Analysis, TSH, Free T4, and Free T3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain , Consultation, Page 1 UpToDate, Online Version 19.2, Approach to the adult patient with anemia

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264,Chronic Pain Treatment Guidelines Pain Mechanisms Page(s): 2.

Decision rationale: The attending provider has posited that the applicant may have issues with anemia and/or thyroid dysfunction. As noted in the MTUS Guideline in ACOEM Chapter 11, page 264, clinician should consider the presence of medical disease or medical comorbidities such as "diabetes, hypothyroidism, vitamin B complex deficiency, and arthritis." Many of the tests at issue, namely the vitamin B12, folate, LDH, etc., represent an effort to workup to determine the source of the applicant's reported underlying anemia, while the TSH testing, free T4, free T3 testing represent a means of working up the applicant's reported hypothyroidism. As further noted on page 2 of the MTUS Chronic Pain Medical Treatment Guidelines, neuropathic

pain/delayed recovery is, at times, a function of underlying endocrine issues such as hypothyroidism reportedly suspected here and/or metabolic issues such as the anemia reportedly suspected here. The applicant's shoulder surgeon has stated that previous issues with clavicular fracture nonunion arose as a result of pursuing surgery before underlying metabolic issues such as anemia and hypothyroidism were addressed. The laboratory testing at issue can help to address the extent of the applicant's alleged hypothyroidism and/anemia. Therefore, the request is medically necessary.