

Case Number:	CM14-0207599		
Date Assigned:	12/19/2014	Date of Injury:	01/10/2013
Decision Date:	02/17/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/11/2014

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 January 10, 2013. In a Utilization Review Report dated November 7, 2014, the claims administrator denied DNA testing and denied voltage actuated sensory nerve conduction testing for the right shoulder. The claims administrator noted that the applicant had a history of earlier right shoulder surgery performed on October 16, 2013. An October 22, 2014 progress note was referenced in the determination, along with an earlier office visit of October 14, 2014. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated October 24, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant was given a 2% whole person impairment rating. The medical-legal evaluator suggested that the applicant's shoulder issues were stable and that the applicant would not require any further treatment. The applicant was given a diagnosis of chronic shoulder strain with a secondary diagnosis of adhesive capsulitis status post earlier manipulation under anesthesia surgery on October 16, 2013. In an October 22, 2014 progress note, the applicant reported ongoing complaints of right shoulder and right elbow pain. The applicant was currently receiving disability benefits and had last worked in December 2013, it was acknowledged. MRI testing, additional physical therapy, and shoulder corticosteroid injection therapy were sought. A functional capacity evaluation was performed on August 29, 2014. Electrodiagnostic testing of the bilateral upper extremities was sought via a handwritten prescription dated July 7, 2014. Preprinted checkboxes were employed. In an associated progress note of July 1, 2014, the applicant was placed off of work, on total temporary disability, for 45 days, owing to ongoing complaints of shoulder pain. Physical therapy, a functional capacity evaluation, a neurosurgery consultation, orthopedic surgery consultation, and pain

management consultation were endorsed, along with topical compounds. The diagnoses given were those of strain of shoulder, tendinitis of shoulder, and acromioclavicular joint arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, Pain, Genetic Testing for Opioid abuse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing is not recommended in the diagnosis of pain, including in the chronic pain context present here. The attending provider's progress notes, which, in many cases, comprised of preprinted checkboxes, with little to no narrative commentary, failed to furnish any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

1 Voltage Actuate Sensory: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): table 9-6, page 213.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, the usage of EMG or NCV study as part of a shoulder evaluation for usual diagnoses is deemed "not recommended." Here, as with the request for DNA testing, the attending provider's request was endorsed via preprinted checkboxes, with little to no narrative commentary which would offset the unfavorable ACOEM position on the article at issue. The applicant had known diagnosis of shoulder tendinopathy and shoulder adhesive capsulitis. It is not clear what role voltage actuated sensory nerve conduction testing would play in the clinical context present here. Therefore, the request is not medically necessary.