

Case Number:	CM14-0058541		
Date Assigned:	08/11/2014	Date of Injury:	02/19/2012
Decision Date:	01/02/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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:

This is a 54-year-old female with a 2/19/12 date of injury. The injury occurred when she slipped while holding a laptop and landed on her outstretched right arm. According to a progress report dated 12/9/14, the request for physical therapy was denied although she has never had therapy for her left knee. She had GI complaints due to increase in medication use and intermittent constipation. She complained of numbness and tingling to her right and left 4th and 5th digits. She rated her cervical spine pain as a 7/10, left knee pain as a 7-8/10, and left upper extremity pain as a 10/10. According to the progress note dated 3/26/14, the patient has previously completed 20 sessions of physical therapy and has had sessions of acupuncture with improvement. Blood work was recommended to monitor for medication use and side effects and to assess for thyroid malfunction and/or underlying metabolic, autoimmune, rheumatologic, or inflammatory conditions that have been delaying recovery. Objective findings: limited cervical range of motion, palpable spasms, decreased sensation left C6-C7, painful left knee range of motion with tenderness to palpation. Diagnostic impression: hand contusion, wrist sprain/strain, lateral meniscus tear. Treatment to date: medication management, activity modification, acupuncture, and pool therapy. A UR decision dated 4/14/14 denied the requests for acupuncture, physical therapy, lab CBC, lab Rheumatoid Factor, Lab C-Reactive Protein, Antinuclear antibody, and Thyroid Stimulating Hormone. Regarding acupuncture, there is no documentation of objective evidence of functional improvement from completed sessions. Regarding physical therapy, there is no documentation of symptomatic or functional improvement from previous therapy sessions. Regarding CBC and labs (Rheumatoid Factor, Antinuclear antibody, Thyroid stimulating hormone), the patient is being prescribed opiates with acetaminophen, and therefore, the medical necessity for a Chem 20 has been established and is certified; however, there is not sufficient documentation to indicate the concurrent authorization of additional tests. Regarding

C-Reactive Protein, there is not sufficient documentation to indicate this test in the treatment of the patient's current condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for right shoulder x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter - Acupuncture

Decision rationale: CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. However, ODG states that among those shoulder indications found to have positive outcomes from acupuncture were rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following arthroscopic acromioplasty. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation). However, in the present case, there is no documentation of objective functional improvement from the completed acupuncture sessions. There is no documentation of improved activities of daily living or significant pain relief. Therefore, the request for Acupuncture for Right Shoulder x 4 was not medically necessary.

Physical therapy right upper extremity x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, it is noted that this patient has completed at least 20 sessions of physical therapy. There is no documentation of objective functional improvement from the completed physical therapy treatment. There is no documentation of improved activities of daily living or significant pain relief. In addition, it is unclear why this patient has been unable to transition to an independent

home exercise program at this time. Therefore, the request for Physical therapy right upper extremity x 8 was not medically necessary.

Lab CBC: Upheld

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

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: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'

Decision rationale: CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. However, in the present case, there is no documentation that the patient has a blood disorder, infection, or anemia. A specific rationale as to why this lab test is indicated in this patient at this time was not provided. Therefore, the request for Lab CBC was not medically necessary.

Lab Rheumatoid Factor (RF): Upheld

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

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: <http://www.mayoclinic.org/tests-procedures/rheumatoid-factor/basics/definition/prc-20013484> (Rheumatoid Factor)

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, a rheumatoid factor test measures the amount of rheumatoid factor in the blood. Rheumatoid factors are proteins produced by the immune system that can attack healthy tissue in the body. High levels of rheumatoid factor in the blood are most often associated with autoimmune diseases, such as rheumatoid arthritis and Sjogren's syndrome. However, in the present case, there is no documentation that the patient has symptoms or a possible diagnosis of an autoimmune disease or rheumatoid arthritis. A specific rationale as to why this lab test is indicated in this patient at this time was not provided. Therefore, the request for Lab Rheumatoid Factor (RF) was not medically necessary.

Lab C-Reactive Protein (CRP): 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: <http://www.mayoclinic.org/tests-procedures/c-reactive-protein/basics/definition/prc-20014480> (C-Reactive Protein Test)

Decision rationale: CA MTUS and ODG do not address this issue. The level of C-reactive protein (CRP), which can be measured in the blood, increases when there's inflammation in the body. A simple blood test measures C-reactive protein. Some researchers think that treating people with high C-reactive protein levels will lessen the risk of heart attack or stroke. However, in the present case, there is no documentation that this patient has a cardiovascular or inflammatory condition. A specific rationale as to why this lab test is indicated in this patient at this time was not provided. Therefore, the request for Lab C-Reactive Protein (CRP) was not medically necessary.

Antinuclear Antibody (ANA): Upheld

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

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: <http://www.nlm.nih.gov/medlineplus/ency/article/003535.htm> (Antinuclear Antibody Panel)

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, the antinuclear antibody panel is a blood test that looks at antinuclear antibodies (ANA). Antinuclear antibodies are substances produced by the immune system that attack the body's own tissues. This test may be ordered if there are signs of an autoimmune disorder, particularly systemic lupus erythematosus, arthritis, rashes, or chest pain. However, in the present case, there is no documentation that this patient has symptoms or a possible diagnosis of an autoimmune disorder. A specific rationale as to why this lab test is indicated in this patient at this time was not provided. Therefore, the request for Antinuclear Antibody (ANA) was not medically necessary.

Thyroid stimulating Hormone (TSH): Upheld

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

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: <http://www.nlm.nih.gov/medlineplus/ency/article/003684.htm> (TSH test)

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, a TSH test measures the amount of thyroid stimulating hormone (TSH) in the blood. TSH is produced by the pituitary gland and tells the thyroid gland to make and release thyroid hormones into the blood. This test may be ordered if symptoms or signs of an overactive or underactive thyroid gland are present. However, in the present case, there is no documentation that this patient has symptoms or a possible diagnosis of a thyroid condition. A specific rationale as to why this lab test is indicated in this patient at this time was not provided. Therefore, the request for Thyroid stimulating Hormone (TSH) was not medically necessary.