

Case Number:	CM15-0166715		
Date Assigned:	09/04/2015	Date of Injury:	06/04/2013
Decision Date:	10/06/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/25/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 45 year old male who sustained an injury on 6-4-13. The mechanisms of the injury are not included in the medical records. Treatment included physiotherapy, chiropractic, acupuncture and medication. 6-8-15 PR2 reports subjective complaints of neck pain, upper back pain; low back pain radiating to the bilateral legs, associated with tingling; left shoulder pain radiating down the hand, associated with tingling sensation; left hand pain radiating to the elbow, associated with tingling sensation; right thigh pain; bilateral ankle and foot pain; difficulty sleeping. The treatment plan include obtain serum glucose level; Toradol 60 mg for pain, IM for pain; Mobic 15 mg once a day; chiropractic evaluation and treatment once a week for four weeks directed to the low back and left shoulder; home exercises; refer for interval functional capacity evaluation. He is to remain off work until 7-20-15. QME 6-18-15 reports the IW is complaining of pain in the left shoulder rated as 4 out of 10. There is tenderness to palpation, grade 2 and restricted range of motion. Impingement and supraspinatus tests are positive. Diagnoses include left shoulder tendinopathy per MRI dated 5-23-14; left shoulder bursitis per MRI dated 5-23-14; status post left shoulder surgery on 12-5-14; left shoulder bursitis, tendinosis per MRI dated 4-24-15; status post left upper extremity electrocution, alternating current. The treatment plan included holding physical therapy; administer an injection into left shoulder acromioclavicular joint without complication. Current requested treatments Toradol 60 mg IM for pain; Serum Glucose level; chiropractic (one) time a week for four weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg IM for Pain: 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, Pain, Ketorolac (Toradol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN (Chronic), Ketorolac (Toradol).

Decision rationale: The requested Toradol 60mg IM for Pain, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), PAIN (Chronic), Ketorolac (Toradol) note that it is only recommended for short-term use in the treatment of acute pain and is not indicated in the treatment of minor or chronic pain. The injured worker has neck pain, upper back pain; low back pain radiating to the bilateral legs, associated with tingling; left shoulder pain radiating down the hand, associated with tingling sensation; left hand pain radiating to the elbow, associated with tingling sensation; right thigh pain; bilateral ankle and foot pain; difficulty sleeping. The treating physician has not documented the presence of an acute pain condition. The criteria noted above not having been met, Toradol 60mg IM for Pain is not medically necessary.

Serum Glucose Level: 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 (web), 2013, Diabetes, Glucose monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/ency/article/003482.htm>.

Decision rationale: The requested Serum Glucose Level is not medically necessary. CA MTUS and ODG are silent. <https://www.nlm.nih.gov/medlineplus/ency/article/003482.htm> notes that serum glucose levels are used to monitor diabetes. The injured worker has neck pain, upper back pain; low back pain radiating to the bilateral legs, associated with tingling; left shoulder pain radiating down the hand, associated with tingling sensation; left hand pain radiating to the elbow, associated with tingling sensation; right thigh pain; bilateral ankle and foot pain; difficulty sleeping. The treating physician has not documented the presence of diabetes or evidence of its indication. The criteria noted above not having been met, Serum Glucose Level is not medically necessary.

Chiropractic one (1) time a week for four (4) weeks for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pages 58-59 Page(s): 58-59.

Decision rationale: The requested Chiropractic one (1) time a week for four (4) weeks for the Left Shoulder is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has neck pain, upper back pain; low back pain radiating to the bilateral legs, associated with tingling; left shoulder pain radiating down the hand, associated with tingling sensation; left hand pain radiating to the elbow, associated with tingling sensation; right thigh pain; bilateral ankle and foot pain; difficulty sleeping. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiropractic one (1) time a week for four (4) weeks for the Left Shoulder is not medically necessary.