

Case Number:	CM15-0194609		
Date Assigned:	10/14/2015	Date of Injury:	06/24/2013
Decision Date:	12/22/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 37 year old female with a date of injury on 6-24-13. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulders and cervical spine. Progress report dated 9-22-15 reports continued complaints of moderate pain in the bilateral shoulders described as constant pain radiating to her neck, upper back, down her arms and fingers associated with numbness, tingling, cramping, burning, stabbing, throbbing, aching, dull and sharp sensation with stiffness weakness and popping. The left shoulder pain is rated 3 out of 10 and right shoulder pain is rated 4 out 10. She has limitation with range of motion, lifting, pushing, pulling, carrying, gripping, grasping, twisting, turning, leaning, laying down, reaching over head, and reaching behind her back. Physical exam: right shoulder has mildly positive Neer's, positive 90 degree cross over impingement test, positive Apley's, positive Hawkin's and weak abduction against resistance, very tender over the AC joint, over the subacromion and over the biceps insertion on the right. Left shoulder range of motion is full, with the only positive finding biceps tendon insertion tenderness. Diagnostic studies: MRI cervical spine 1-2-15 revealed degenerative change, 1 mm central protrusion at the C3-4 level. Treatments include: medication, physical therapy (temporary relief), acupuncture (temporary relief), cervical epidural injections (helpful), right shoulder surgery (7-25-14). Request for authorization dated 9-22-15 was made for Physical therapy 2 times per week for 6 weeks for the bilateral shoulders, subacromial steroid injection to the bilateral shoulders, urine toxicology screen, arthritis panel, CPD and CRP. Utilization review dated 9-25-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the bilateral shoulder, twice a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Therapy..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines for physical medicine state that: Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines also state that practitioners should, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. This patient has previously had physical therapy, but now his physician is requesting additional sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Furthermore, clear improvement with prior therapy is not documented, only a "temporary" relief was described without an objective assessment of improvement. Therefore, based on the submitted medical documentation, the request for physical therapy is not medically necessary.

Subacromial steroid injection to the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Steroid shoulder injection..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Injection Topi.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Regarding the request for subacromial cortisone injection to the right shoulder, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. Guidelines go on to recommend that the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems which are not controlled adequately by conservative treatment after at least 3 months, or when pain interferes with functional activities. Guidelines state that a second injection is not recommended if the first has

resulted in complete resolution of symptoms, or if there has been no response. This patient has medical documentation that supports bilateral shoulder pain. However, based on the records submitted, the patient does not meet MTUS criteria for bilateral shoulders. Although the patient has documentation of functional right shoulder impairment, left shoulder has full range of motion with no red flags surrounding pain reportedly associated with it. Bilateral injection therapy is not indicated for the left shoulder based on current ODG guidelines. Therefore, based on the submitted medical documentation, the request for a Bilateral subacromial steroid injection is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online; <http://labtestsonline.org/understanding/analystes/cbc/tab/test>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. Her pain is documented as well controlled and past drug screens are consistent with currently prescribed medications. Therefore, based on the submitted medical documentation, the request for urine toxicology screening is not-medically necessary.

Arthritis Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online; <http://labtestsonline.org/understanding/analystes/cbc/tab/test>.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines state that: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints. The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. Evidence of anemia (macrocytic or otherwise) is not demonstrated on physical exam. Furthermore, the patient is documented to have no concern for acute electrolyte abnormalities

or abnormal liver function, which would indicate the necessity for an arthritis panel testing...especially when the panel tests are not specified. Therefore, based on the submitted medical documentation, the request for arthritis panel testing is not-medically necessary.

CPK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online;
<http://labtestsonline.org/understanding/analystes/cbc/tab/test>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, C-reactive protein & Creatine Phosphokinase test, online database
<http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM do not address this topic. MedlinePlus states that CPK testing is to determine injury or stress to the muscle tissues in the heart or brain. The provider did not provide rationale for laboratory testing. There is a lack of information indicating the location of inflammation in the injured worker. Therefore, based on the submitted medical documentation, the request for CPK is not-medically necessary.

CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online;
<http://labtestsonline.org/understanding/analystes/cbc/tab/test>.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s):
General Approach, Initial Assessment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CRP testing for this patient. A C-reactive Protein test is a non-specific inflammatory marker. The California MTUS guidelines state that: An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints. The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. The test is non-specific and non- diagnostic. Therefore, based on the submitted medical documentation, the request for CRP testing is not-medically necessary.