

Case Number:	CM15-0031549		
Date Assigned:	02/24/2015	Date of Injury:	02/13/2013
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 3, 2013. In a Utilization Review Report dated February 5, 2015, the claims administrator failed to approve a request for a radiology-guided aspiration of the right shoulder, laboratory testing to include a C-reactive protein, erythrocyte sedimentation rate and complete blood count, and physical therapy. The claims administrator referenced a February 3, 2015 RFA form in its determination. The claims administrator stated that it was partially approving 10 sessions of physical therapy on the grounds that it had no evidence that the applicant had received recent physical therapy. The applicant's attorney subsequently appealed. In a handwritten progress note of November 11, 2014, difficult to follow, not entirely legible, the applicant had ongoing complaints of shoulder pain, 6/10. A pain management consultation, a left shoulder subacromial joint injection under ultrasound guidance, Tylenol No. 3, and Fexmid were endorsed. A rather proscriptive 5-pound lifting limitation was also renewed, seemingly resulting in the applicant's removal from the workplace. In an earlier note dated August 19, 2014, the applicant was noted to have persistent complaints of shoulder pain, subscapularis tendon tear, a history of a humeral head fracture, and a history of two prior shoulder surgeries. The applicant was again described as not working. The applicant had apparently last work on February 13, 2013; it was incidentally noted in a medical-legal evaluation dated August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiology Guided Aspiration Of (R) Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: No, the request for a radiology-guided aspiration of the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, prolonged or frequent use of cortisone injections in the subacromial space of the shoulder joint are deemed "not recommended." Here, the attending provider's handwritten progress notes were difficult to follow, sparse, thinly developed, not entirely legible, and did not state how many prior shoulder corticosteroid injections and/or aspiration procedures the applicant had had. Therefore, the request was not medically necessary.

Blood Labs: CRP, ESR, CBC W/DIFF: 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) (www.odg-twc.com).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: Similarly, the request for laboratory testing to include CRP, ESR, and CBC was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that laboratory studies such as an ESR, CBC, and other testing for autoimmune diseases can be useful to screen for inflammatory autoimmune sources of joint pain, ACOEM qualifies its position by noting that these tests should be employed to confirm clinical impressions, rather than employ the same as a screening test in a shotgun attempt to clarify reasons for unexplained shoulder complaints. Here, however, it did appear that the attending provider was performing the laboratory tests in question in a rather indiscriminate manner. There was no evidence of the applicant's having rheumatologic sources of joint pain. There was no mention of the applicant's having issues with rheumatoid arthropathy, rheumatoid arthritis, etc., involving the shoulder joint. Rather, the applicant had a known history of a humeral head fracture, adhesive capsulitis, and a subscapularis tear. It was not clear why laboratory testing was being proposed in the face of the applicant's already having multiple structural sources of shoulder pain. Therefore, the request was not medically necessary.

The Remaining Requested Physical Therapy (PT) x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: Finally, the request for the remaining two sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 8 of the MTUS Chronic Medical Treatment Guidelines, there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. Here, the applicant has had earlier unspecified amounts of physical therapy over the course of the claim. The applicant has, however, failed to profit from the same. The applicant remains off of work, on total temporary disability. A rather proscriptive 5-pound lifting limitation remained in place, seemingly unchanged from visit to visit. The applicant remained dependent on opioid agents such as Tylenol No. 3 and non-opioid agents such as cyclobenzaprine. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for an additional two sessions of physical therapy was not medically necessary.