

Case Number:	CM14-0119532		
Date Assigned:	09/18/2014	Date of Injury:	06/21/2007
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/30/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 injured worker is a 50-year-old male with date of injury of 6/21/2007. A review of the medical records indicate that the patient is undergoing treatment for left shoulder dislocation and rotator cuff tear. Subjective complaints include 9/10 left shoulder pain which radiates to the neck and is aggravated by motion. Objective findings include decreased range of motion and strength in the left shoulder; pain upon palpation. Treatment has included total shoulder replacement, Hydrocodone, and Soma. The utilization review dated 7/11/2014 non-certified CBC with differential, C reactive protein, and a sedimentation rate.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC w/Differential: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web), 2013, Low Back Chapter, Preoperative Lab Testing

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

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder complaints: "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." It is clear that the employee has a rotator cuff tear from imaging studies and other evidence in the medical record. There is no other clinical suspicion that he has an autoimmune disease. Therefore, the request for a CBC is not medically necessary.

C Reactive Protein CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web), 2013, Low Back Chapter, Preoperative Lab Testing

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

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder complaints: "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." It is clear that the employee has a rotator cuff tear from imaging studies and other evidence in the medical record. There is no other clinical suspicion that he has an autoimmune disease. The request for C-reactive protein test is not medically necessary and appropriate.

Sedimentation Rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web), 2013, Low Back Chapter, Preoperative Lab Testing

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

Decision rationale: The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder complaints: "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." A sedimentation rate is a similar test to an ESR. It is clear that the employee has a rotator cuff tear from imaging studies and other evidence in the medical record. There is no other clinical suspicion that he has an autoimmune disease. The request for sedimentation rate test is not medically necessary and appropriate.