

Case Number:	CM14-0165927		
Date Assigned:	10/13/2014	Date of Injury:	07/24/2011
Decision Date:	11/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family 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:

The injured worker (IW) is a 69 year-old man who injured his left arm while operating a tow truck. He was hooking up a vehicle onto the flat bed of the tow truck. Once finished, he jumped off the truck striking his left forearm on the truck railing. He reports his left shoulder being forced up and hearing a crack. The injury occurred on July 24, 2011. He eventually was found to have a very large rotator cuff tear. He underwent a repair in November of 2011. Of note, he also sustained an additional injury to the ulnar nerve in his right arm and did undergo an ulnar nerve transposition at the right elbow August 2013. Current treating diagnosis: Depressive disorder, chronic pain syndrome, unspecified mononeuritis of the upper limb, other unspecified back disorder, unspecified disorder bursae and tendons shoulder region. The IW has had therapy after his surgery. He reports ongoing right elbow pain and ulnar pain. He has been referred to a pain management specialist for ongoing pain management. The IW presents on Percodan, Klonopin, and Allopurinol. Pursuant to the progress note by the pain management specialist dated September 3, 2014, the IW will be started on Cymbalta to help with his chronic pain syndrome, and depression. It was also recommended that he continue physical therapy for bilateral shoulders and upper extremities to work on range of motion, stretching, and strengthening. They may also incorporate modalities including TENS unit, ice and heat in the course of passive and active exercise programs in addition to strengthening of the rotator muscles as tolerated. This should be done two to four times a week for the next four to six weeks. A pain contract was signed September 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Vitamin D and Vitamin B12 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Campbells Operative Orthopedics, 12th Edition 2013 Clinical evidence; BMJ publishing group

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.nlm.nih.gov/medlineplus/ency/article/000574.htm> Anemia: B12 Deficiency

<http://www.nlm.nih.gov/medlineplus/ency/article/000574.htm> Vitamin D Deficiency; Beyond the Basics

Decision rationale: The ACOEM and the California MTUS do not address testing vitamin D levels and vitamin B12 levels. Medline plus was accessed through the Official Disability Guidelines website and two peer reviewed articles were referenced. The first article was entitled Anemia: B-12 Deficiency and the second article Vitamin D Deficiency: Beyond the Basics. The link is provided in the space above. Vitamin D plays an important role throughout the body. It includes the development and calcification of bones. The main reasons for low levels of vitamin D are: 1) lack of vitamin D in the diet offered in conjunction with inadequate sun exposure; 2) inability to absorb vitamin D from the intestines; and 3) inability to process vitamin D due to kidney or liver disease. In this case, there is no clear indication as to why the treating physician believes there is vitamin D deficiency and B12 deficiency that would, in turn, warrant blood tests to measure these levels. There are no clear symptoms of vitamin D or B-12 deficiency. Additionally, there were no objective clinical findings of vitamin D or B-12 deficiency. Based on the clinical information in the medical record in the peer-reviewed, evidence-based guidelines for blood tests for B12 levels and vitamin D levels are not medically necessary.