

Case Number:	CM14-0169669		
Date Assigned:	10/31/2014	Date of Injury:	11/14/2012
Decision Date:	12/16/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopedic Surgeon and is licensed to practice in Minnesota. 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 55 year old male who gives a history of a lifting injury to his left shoulder on 11/14/2012. He heard a pop in his shoulder while lifting a 60 lb. piece of steel. He has chronic pain in the left upper extremity with paresthesia in the fingers. An MRI scan of the shoulder revealed tendinopathy of the supraspinatus tendon, possible calcific tendinitis, acromioclavicular arthritis but no rotator cuff tear. An ultrasound of the left elbow revealed a torn biceps insertion on the radius. A nerve conduction study showed mild left and moderate right carpal tunnel syndrome which according to the records is not symptomatic. He has been treated conservatively with medications, injections and therapy including chiropractic treatment. He did not respond to a subacromial corticosteroid injection. An orthopedic surgical consultation has been approved. The disputed issues include a request for cognitive behavioral therapy, physical therapy, some of the requested labs including ESR, CRP, RA, Chem 20, a wrist brace, and some of the meds including Tramadol and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The worker has chronic pain and the chronic pain guidelines therefore apply. Chronic pain guidelines indicate that behavioral interventions are recommended. Screening for risk factors that delay recovery including fear avoidance beliefs, and a cognitive motivational approach combined with physical medicine may be necessary for those at risk. If there is lack of improvement from physical medicine, a psychotherapy referral may be needed after 4 weeks. Therefore based upon guidelines a cognitive behavioral therapy evaluation is medically necessary.

Physical therapy left shoulder, qty. 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

Decision rationale: The available records do not include physical therapy notes and so there is no indication that any physical medicine other than chiropractic treatment was used. There is also no documented evidence of functional improvement from the physical therapy if it was utilized in the past. However, active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Chronic pain guidelines allow for fading of treatment frequency from up to 3 treatments per week to 1 or less plus active self-directed home physical medicine. Physical medicine may also be combined with a cognitive motivational approach. Therefore the requested shoulder physical therapy qty.8 is medically necessary.

Lab: SED rate (ESR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline

Decision rationale: California MTUS and ODG do not address this issue. Erythrocyte sedimentation rate is a test for inflammation. It is non-specific. The medical records do not document the presence of a systemic inflammatory polyarthritis or an inflammatory process such as erythema, swelling, or warmth in the shoulder or elbow. Based upon the diagnosis of shoulder impingement, biceps tendon rupture at the elbow, and carpal tunnel syndrome with possible radiculopathy, the request for ESR is not medically necessary.

Lab: CRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline

Decision rationale: California MTUS and ODG do not address this issue. C-reactive protein is a non-specific test for inflammation in the body. The test is not helpful if there are no clinical findings of an inflammatory problem. Therefore the CRP as requested is not medically necessary.

Lab: Rheumatoid (RA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline.

Decision rationale: California MTUS and ODG do not address this issue. The diagnosis of rheumatoid arthritis is clinical with laboratory and radiographic results providing important supplemental information. A positive test for Rheumatoid Factor (RA or RF) is non-specific and does not confirm the presence of Rheumatoid Arthritis. IgM RF is present in 85% of cases. It may also be positive in Sjogren's syndrome, systemic lupus erythematosus, type II mixed essential cryoglobulinemia, subacute bacterial endocarditis, and hepatitis B and C. Serum RF may also be present in 1-5% of the healthy population. In the absence of clinical symptoms of Rheumatoid Arthritis, the RA test as requested is not medically necessary.

Lab: Chem-20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Pre-operative lab testing.

Decision rationale: A comprehensive metabolic panel, CBC, ANA, and TSH have been approved per UR. There are no documented co-morbidities to necessitate an additional Chem 20 testing particularly from the viewpoint of shoulder pain. Some of these tests will be repeat studies of the tests included in the metabolic panel. Therefore Chem 20 testing as requested is not medically necessary.

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic per MTUS chronic pain guidelines. As an opioid it is subject to the same guidelines as other opioids and a pain contract is necessary. The available notes do not include this information. Therefore the request for Tramadol is not medically necessary.

Norflex 100mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline.

Decision rationale: California MTUS and ODG do not address this issue. Norflex (Orphenadrine) is used for short term relief of painful muscle spasm. Indication for long term use is not established. As such the request for Norflex 100 Mg # 60 is not medically necessary.

Left wrist brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 10th Edition, Treatment Index, Carpal Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263,264.

Decision rationale: Splinting of the wrist can be considered for comfort and to relieve pain in patients with carpal tunnel syndrome per MTUS guidelines. However, the records indicate that the carpal tunnel syndrome is mild on the left and moderate on the right and is completely asymptomatic. Therefore, the request for a wrist brace is not medically necessary.