MAXIMUS Federal Services

Case Number:	CM14-0174370		
Date Assigned:	10/27/2014	Date of Injury:	02/27/2009
Decision Date:	10/13/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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: North Carolina
Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 2-27-09. She reported pain in the cervical spine, left shoulder, and lumbar spine. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having left shoulder injury status post 3 surgeries, persistent left shoulder impingement syndrome with periscapular myofascitis, headaches with dizziness, lumbar disc disease, hypertension, right knee chronic sprain, and medial meniscal injury. Treatment to date has included 3 shoulder surgeries, physical therapy, and medication including Lisinopril, Atenolol, Hydrochlorothiazide, and Tramadol. Physical examination findings on 5-8-14 included left shoulder painful flexion, abduction, and crepitus in the scapulothoracic region upon abduction and external rotation. Tender trigger points in the medial portion of the infraspinatus muscle with twitch sign was also noted. Currently, the injured worker complains of pain in the neck, low back, shoulder, and knee. The treating physician requested authorization for labs to include CMP, CBC with diff, hemoglobin A1C, and urine microalbumin. Other requests included a weight loss program and a computed tomography scan of the left scapula. On 9-17-14 the requests were non-certified or modified. Regarding the lab tests the utilization review (UR) physician noted "there is no documentation of increased fasting blood sugar. Therefore, medical necessity of hemoglobin A1c is not recommended." Regarding the weight loss program, the UR physician noted "there is no indication that the claimant is unable to lose weight through exercise to warrant the request." Regarding the computed tomography scan, the UR physician noted "there is no clear rational provided for the requested treatment. There is also no clear evidence that this claimant has

trauma directed to the left scapula to warrant the requested imaging."

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs to include CMP, CBC w diff, Hemoglobin A1C and Urine Microalbumin -: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, Hemoglobin A1C.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The up-to-date guidelines states hemoglobin A1C is indicated in the evaluation and management of diabetes or suspected diabetes. The patient has no documentation of diabetes or suspected diabetes related to industrial incident and therefore the request is not medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor.

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

Decision rationale: The ACOEM chapter on shoulder complaints states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment. The patient's physical exam does not meet criteria as cited above and therefore the request is not medically necessary.

CT scan of the left scapula: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004,
Section(s): Special Studies.

Decision rationale: The ACOEM chapter on shoulder complaints states: Primary criteria for ordering imaging studies are: "Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)." Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment. The patient's physical exam does not meet criteria as cited above and therefore the request is not certified.