

Case Number:	CM14-0211406		
Date Assigned:	12/24/2014	Date of Injury:	08/10/2012
Decision Date:	06/23/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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: Florida

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 48 year old male with an industrial injury dated 08/10/2013. He states he was pulling the cord of a leaf blower when he heard a crack in his right shoulder. He states he also injured himself when he was trying to push a trash can full of concrete. His diagnoses included shoulder sprain/strain supraspinatus tendon, muscle weakness, shoulder impingement/bursitis and joint pain - shoulder. Prior treatments included surgery, physical therapy and medications. He presents on 11/17/2014 post-surgery 04/25/2014 (right shoulder arthroscopy). He was complaining of right shoulder pain when he lifted his arm up. Physical exam of right shoulder showed active flexion to 120 degrees with pain and weakness. Rotator cuff repair appeared to be intact, but weak and needed strengthening. His medications included Ketoprofen and Norco. The provider was requesting SMA 18 blood test to check liver/kidney function due to prolonged medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

SMA 18 blood test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0063065>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS guidelines state regarding laboratory testing in those patients who are chronically taking NSAIDs, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." This patient is taking Ketorolac, an NSAID medication. Laboratory testing would be considered reasonable in this patient if no recent laboratory tests had been performed. However, the records do not address when this patient last had blood work performed that tested renal/hepatic function. Likewise, this request can not be considered medically necessary.