

Case Number:	CM15-0044881		
Date Assigned:	04/17/2015	Date of Injury:	06/21/2013
Decision Date:	06/25/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/10/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 65 year old female, who sustained an industrial injury on 06/21/2013. The initial event of injury involved a bite by a brown recluse spider. The injured worker was diagnosed as having spider bite. This resulted in necrotizing fasciitis which required 5 surgical procedures. The injured worker also developed cardiac arrhythmia and hypertension with a history of type II diabetes mellitus. Treatment to date has included conservative care, medications, conservative therapies, multiple surgeries, and MRIs. Several documents within the submitted medical records are difficult to decipher; however, it was established that the injured worker complained of left shoulder pain and stiffness, and intermittent left hand/wrist pain. There were also reports that the injured worker has intermittent chest/breast pain when breast are touched, and has become confused and forgetful. Therapy reports indicate that the injured worker has made fair progress with physical therapy. The diagnoses include left shoulder sprain/strain, status post partial right mastectomy (secondary, and left wrist hand strain/sprain. The treatment plan consisted of laboratory testing (diabetes mellitus profile, hypertension profile, urinalysis, and urine toxicology screen), vitamin D injection, cardiorespiratory testing, and Sudoscan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin D: 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 Official Disability Guidelines Pain (Chronic) Vitamin D.

Decision rationale: The requested Vitamin D, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009 is silent regarding the Use of Vitamin D. Official Disability Guidelines Pain (Chronic) Vitamin D "Recommend consideration in chronic pain patients and supplementation if necessary." The injured worker has left shoulder pain and stiffness, and intermittent left hand/wrist pain. There were also reports that the injured worker has intermittent chest/breast pain when breast are touched, and has become confused and forgetful. The treating physician has not documented Vitamin D deficiency. The criteria noted above not having been met, Vitamin D is not medically necessary.

Urine Toxicology: Upheld

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 Page 43, "Drug testing" Page(s): 43.

Decision rationale: The requested Urine Toxicology, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing," recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has left shoulder pain and stiffness, and intermittent left hand/wrist pain. There were also reports that the injured worker has intermittent chest/breast pain when breast are touched, and has become confused and forgetful. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Toxicology is not medically necessary.

Cardiorespiratory Testing: 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
<http://www.medicalgraphicsuk.com/medical-testing/cardio-respiratory-testing>.

Decision rationale: The requested Cardiorespiratory Testing, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009 is silent.
<http://www.medicalgraphicsuk.com/medical-testing/cardio-respiratory-testing/> note such testing is recommended in a detailed clinical setting. The injured worker has left shoulder pain and stiffness, and intermittent left hand/wrist pain. There were also reports that the injured worker has intermittent chest/breast pain when breast are touched, and has become confused and forgetful. The treating provider has not documented the medical necessity for such testing. The criteria noted above not having been met, Cardiorespiratory Testing is not medically necessary.

Sudoscan: 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 <http://www.impeto-medical.com/sudoscan-plus/about-sudoscan-plus/>.

Decision rationale: The requested Sudoscan, is medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009 is silent. <http://www.impeto-medical.com/sudoscan-plus/about-sudoscan-plus/> note such testing is recommended in a detailed clinical setting. The injured worker has left shoulder pain and stiffness, and intermittent left hand/wrist pain. There were also reports that the injured worker has intermittent chest/breast pain when breast are touched, and has become confused and forgetful. The treating provider has documented the medical necessity for such testing as the injured worker has a history of diabetes. The criteria noted above having been met, Sudoscan is medically necessary.