

Case Number:	CM15-0049219		
Date Assigned:	03/23/2015	Date of Injury:	06/02/2014
Decision Date:	05/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation

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 42-year-old male who reported injury on 06/02/2014. The mechanism of injury was the injured worker was lifting a heavy pallet at work when he felt a sudden pull or strain and a popping sensation in the shoulder. The injured worker underwent a right shoulder arthroscopy for labral repair, rotator cuff debridement, and biceps tenodesis on 10/10/2014. Prior therapies included 6 sessions of physical therapy. The documentation of 01/08/2015 revealed the injured worker had an episode of increased right sided neck pain down to the shoulder. The injured worker was seen in the emergency room. The injured worker was noted to be utilizing a sling. The physical examination revealed good strength of the supraspinatus and a full strength of the biceps tendon. The diagnoses included cervicalgia. The treatment plan included no use of his right hand and return to work with restrictions. The documentation of 01/23/2015 revealed the injured worker had complaints of pain in the left shoulder joint. The physical examination of the cervical spine revealed decreased range of motion. There was positive cervical tenderness and paraspinous muscle spasming. There was a negative Spurling's test bilaterally. There was positive trapezial tenderness and spasming. The upper thoracic spine was spasming without tenderness. Motor strength was 5/5 in the muscle groups, with the exception of the shoulder elevators which were 4/5 and the wrist dorsiflexors which were 4/5. Reflexes were 1+ at the biceps and triceps, bilaterally symmetric, and hyporeactive at the brachioradialis. There were no diagnostic studies submitted for review. The treatment plan included an MRI of the cervical spine due to loss of sensation and motor strength and electrodiagnostic studies of the upper extremities. Additionally, there was documentation indicating the injured worker should undergo a urine drug screen and a comprehensive metabolic panel. The injured worker's medications that were noted to be started included Naprosyn, tramadol, Lunesta, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP x2: 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 NSAIDS Page(s): 70.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that the 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. The clinical documentation submitted for review would support the necessity for 1 comprehensive metabolic panel as it was indicated the injured worker would be starting NSAIDs. However, there was a lack of documentation indicating the injured worker had a necessity for 2 comprehensive metabolic panels. Given the above, the request for CMP x2 is not medically necessary.

Urine drug screen: 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 Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens when there are documented issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review indicated the injured worker had undergone surgical intervention which would support the use of pain medication. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for Urine drug screen is not medically necessary.

EMG/NCV of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The clinical documentation submitted for review failed to

provide documentation of specific treatment directed toward the shoulders. As such, there was a lack of documentation of a failure of conservative care. There was a lack of documentation of objective findings to support the necessity for both an EMG and NCV. Given the above, the request for EMG/NCV of the upper extremities is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that, for most injured workers with upper back or neck problems, special studies are not needed unless there has been a 3 or 4 week period of conservative care that fails to improve symptoms. The criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide documentation of the conservative care specifically directed toward the cervical spine. There were objective findings upon evaluation. However, given the lack of documentation of conservative care specifically directed to the cervical spine, the request for MRI of the cervical spine is not medically necessary.