

Case Number:	CM15-0065718		
Date Assigned:	04/13/2015	Date of Injury:	11/02/2006
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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 48 year old female, who sustained an industrial injury on 11/02/2008. She reported injuries to her neck, thoracic spine, and left shoulder. The injured worker is currently diagnosed as having acromioclavicular cartilage disorder of the left shoulder, cervical radiculopathy, cervical sprain/strain, left subacromial bursitis, and thoracic sprain/strain. Treatment to date has included left shoulder surgery and medications. In a progress note dated 03/16/2015, the injured worker presented with complaints of left shoulder pain with intermittent episodes of spasm. The treating physician reported requesting authorization for laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPK QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Notational Clearinghouse: Clinical practice guideline on the management of lipids as a cardiovascular risk factor.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for CPK level, creatine phosphokinase enzyme for the nonspecific heart, brain, and skeletal muscle injury. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible disorders or disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2008. The CPK QTY: 1.00 is not medically necessary and appropriate.

CRP QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clearinghouse: 2010 ACCF/AHA guideline for assessment of cardiovascular risk in asymptomatic adults. A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for CRP (C-reactive protein) level, to evaluate for coronary artery disease with risk for heart attack. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible disorders or disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2008. The CRP QTY: 1.00 is not medically necessary and appropriate.

Arthritis panel QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for an arthritic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan

involving possible arthritic disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2008. The Arthritis panel QTY: 1.00 is not medically necessary and appropriate.