

Case Number:	CM15-0079503		
Date Assigned:	04/30/2015	Date of Injury:	03/03/2010
Decision Date:	06/03/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial/work injury on 3/3/10. He reported initial complaints of right arm and elbow, bilateral shoulders, and neck pain that started in the course of lifting at work. The injured worker was diagnosed as having displacement of cervical disc without myelopathy, temporomandibular joint disorder, and right shoulder derangement. Treatment to date has included medication, diagnostics, surgery (arthroscopic repair of right shoulder rotator cuff tear/ acromioplasty on 10/5/10), steroid injection. MRI results were reported on 4/30/12. Electromyography and nerve conduction velocity test (EMG/NCV) was reported on 5/7/12. Currently, the injured worker complains of increased right elbow and right shoulder pain along with left upper quadrant pain and bloating. Per the primary physician's progress report (PR-2) on 3/4/15, examination revealed decreased active range of motion the right elbow, tender to palpation, positive Mills sign, decreased active range of motion of the right shoulder with a positive supraspinatus test and pain and tenderness with palpation. There was positive left upper quadrant pain with Valsalva. Current plan of care included diagnostics. The requested treatments include Psych Evaluation and ultrasound (US) Left Upper Quadrant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

Decision rationale: The injured worker sustained a work related injury on 3/3/10. The medical records provided indicate the diagnosis of displacement of cervical disc without myelopathy, temporomandibular joint disorder, right shoulder derangement, Depression. Treatment to date has included medication, surgery (arthroscopic repair of right shoulder rotator cuff tear/ acromioplasty on 10/5/10), steroid injection. The Injured worker had MRI on 4/30/12. Electromyography and nerve conduction velocity test (EMG/NCV) on 5/7/12. The medical records provided for review do indicate that the request for Psych Evaluation is medically necessary. The medical records indicate the injured worker has been experiencing depression. The MTUS recommends psychological evaluation of the chronic pain patient. Such evaluations are aimed at distinguishing between conditions that are preexisting, aggravated by the current injury, or work related. Also, such evaluation should determine if further psychosocial interventions are indicated.

US Left Upper Quadrant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 3/3/10. The medical records provided indicate the diagnosis of displacement of cervical disc without myelopathy, temporomandibular joint disorder, and right shoulder derangement. Treatment to date has included medication, surgery (arthroscopic repair of right shoulder rotator cuff tear/ acromioplasty on 10/5/10), steroid injection. The Injured worker had MRI on 4/30/12. Electromyography and nerve conduction velocity test (EMG/NCV) on 5/7/12. The medical records provided for review do not indicate a medical necessity for US Left Upper Quadrant. The medical records indicate the injured worker complained of abdominal bloating; the physical examination revealed presence of tender upper quadrant mass. The injured worker is reported to have done an endoscopy but the result is pending. The records medical records did not provide detailed information regarding history and physical. One would like to know how long the bloating has lasted, the nature of the associated pain; any diarrhea or constipation, weakness. The duration of the abdominal mass and its relatedness to the injury. There was no rectal examination reported, neither was there any information about the consistency of the mass, findings on percussion and auscultation. Where there as-cites? Was the injured worker pale etc? Abdominal masses in the absence of trauma or exposure to chemicals, is traditionally not considered work injury, therefore, one would need convincing history and physical examination documentation to relate it to a work injury. The request, therefore, is not medically necessary.