

Case Number:	CM13-0027523		
Date Assigned:	11/22/2013	Date of Injury:	10/17/2011
Decision Date:	02/05/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female patient sustained a work-related injury on 10/17/11. The requests under current consideration are Physical Therapy (PT), two to three times a week for four weeks (2-3 x 4), and a Sleep study. Her diagnosis is rotator cuff tear, status post arthroscopic repair on 3/11/13. A report dated 8/6/13 from one of the patient's treating physicians indicated the patient had completed 12 sessions of PT for the shoulder following arthroscopic rotator cuff repair, with concurrent PT/OT (occupational therapy). Her exam showed tenderness and decreased range of motion in active abduction, 60 degrees with full passive range; there is normal strength. The plan for treatment was to continue physical therapy and home exercise and to resume normal activity as tolerated. The patient remained on restrictions of no lifting/carrying/pushing/pulling with the right shoulder. There is a report from the requesting provider dated 7/26/13, noting the patient had complaints of constant, moderate, dull, achy neck and shoulder pain, with stiffness and weakness, associated with reaching, pushing, and pulling. There are complaints of loss of sleep due to pain. She suffers from depression, anxiety and irritability. Exam of the cervical spine showed painful but intact range of motion; muscle spasm of the paravertebral muscles; positive shoulder depression on the right; 3+ tenderness of AC joints, gleno-humeral joint, lateral and posterior shoulder, supraspinatus and trapezius; and psychological complaints with increased symptoms due to chronic pain. Diagnoses include cervical sprain/strain; right shoulder impingement syndrome; right shoulder spasm/pain/strain/sprain status post surgery; disruption of 24-hour sleep-wake cycle; loss of sleep; anxiety; depression; irritability; and nervousness. The PT request was partially certified for 8 visits (as opposed to 8 to 12 visits) and the sleep study was non-certified on 9/6/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, two to three times a week for four weeks {2-3 x 4}: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear, measurable evidence of progress with the PT treatment already rendered, such as milestones of increased range of motion, strength, and functional capacity. On review, submitted physicians' reports show no evidence of functional benefit, but instead document unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence of a functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain guidelines allow for physical therapy with fading of treatment to an independent, self-directed home program. The employee has received at least 20 authorized PT visits, following the arthroscopic repair done 11 months ago, without demonstrated evidence of functional improvement to allow for additional therapy treatments. Therefore, physical therapy, two to three times a week for four weeks is not medically necessary and appropriate.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Polysomnography, pages 822-823

Decision rationale: A report from the requesting provider dated 7/26/13 notes that the patient has complaints of constant, moderate, dull, achy neck and shoulder pain with stiffness and weakness associated with reaching, pushing, and pulling. There are complaints of loss of sleep due to pain. She suffers from depression, anxiety and irritability. All exam findings noted tenderness and painful range of motion without clinical findings of sleep issues. There is no specific documentation of what sleep disturbances the patient exhibits, only mentioning the patient is awakened from the pain. ODG recommends Polysomnography after at least six months of an insomnia complaint (at least four nights a week); when a patient is unresponsive to behavior intervention and sedative/sleep-promoting medications; and after psychiatric etiology has been excluded. Criteria for the Polysomnography include (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change

(not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Criteria are not met. The Sleep study is not medically necessary and appropriate.