

<b>Case Number:</b>	CM14-0108678		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/14/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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:

According to the records made available for review, this is a 51-year-old female with an 8/14/07 date of injury. At the time (5/15/14) of request for authorization for sleep study, right shoulder magnetic resonance imaging (MRI), and right shoulder x-ray, there is documentation of subjective complaints of bilateral shoulder pain, neck pain, right elbow pain, mid and low back pain, bilateral foot pain, headaches, knife-like sensation in the right scapular area, and tingling throughout the right arm. Objective findings include right paracervical tenderness with decreased cervical range of motion, decreased right shoulder range of motion, tenderness over the parathoracic and paralumbar musculature with decreased range of motion, tenderness to palpation over the right lateral elbow, and tenderness to palpation over the bilateral feet. Current diagnoses includes chronic intractable cervical pain, chronic bilateral shoulder pain, thoracic myofascial pain, chronic lumbosacral sprain, chronic bilateral temporomandibular joint (TMJ) syndrome, right lateral epicondylitis, depression, and chronic bilateral foot pain. The treatment to date has been medications. In addition, medical report identifies a request for sleep study due to temporomandibular joint syndrome. Regarding sleep study, there is no documentation of excessive daytime somnolence; cataplexy; morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or 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. Regarding right shoulder magnetic resonance imaging (MRI), there is no documentation of a condition/diagnosis for which a shoulder MRI is indicated (such as: acute shoulder trauma,

suspect rotator cuff tear/impingement; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Sleep study:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

**Decision rationale:** MTUS does not address this issue. The Official Disability Guidelines (ODG) identifies documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or 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, as criteria necessary to support the medical necessity of polysomnography. Within the medical information available for review, there is documentation of diagnoses of chronic intractable cervical pain, chronic bilateral shoulder pain, thoracic myofascial pain, chronic lumbosacral sprain, chronic bilateral temporalmandibular joint (TMJ) syndrome, right lateral epicondylitis, depression, and chronic bilateral foot pain. However, despite documentation of a request for sleep study due to temporomandibular joint syndrome, there is no documentation of excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder is suspected; and/or 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. Therefore, based on guidelines and a review of the evidence, the request for sleep study is not medically necessary.

**Right shoulder magnetic resonance imaging (MRI):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. The Official Disability Guidelines (ODG) identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a shoulder MRI is indicated (such as: acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear), as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of a diagnosis of chronic bilateral shoulder pain. However, despite documentation of subjective (bilateral shoulder pain, knife-like sensation in the right scapular area, and tingling throughout the right arm) and objective (decreased right shoulder range of motion) findings, and given documentation of an associated request for right shoulder x-ray, there is no documentation of a condition/diagnosis for which a shoulder MRI is indicated (such as: acute shoulder trauma, suspect rotator cuff tear/impingement; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear). Therefore, based on guidelines and a review of the evidence, the request for right shoulder magnetic resonance imaging (MRI) is not medically necessary.

**Right shoulder x-ray:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Radiography.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of imaging. The Official Disability Guidelines (ODG) identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a shoulder x-ray is indicated (such as: Acute shoulder trauma, chronic shoulder pain, rule out fracture or dislocation and Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study), as criteria necessary to support the medical necessity of shoulder x-ray. Within the medical information available for review, there is documentation of a diagnosis of chronic bilateral shoulder pain. In addition, given documentation of subjective (bilateral shoulder pain, knife-like sensation in the right scapular area, and tingling throughout the right arm) and objective (decreased right shoulder range of motion) findings, there is documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a shoulder x-ray is indicated (such as chronic shoulder pain). Therefore, based on guidelines and a review of the evidence, the request for right shoulder x-ray is medically necessary.