

Case Number:	CM14-0128365		
Date Assigned:	08/15/2014	Date of Injury:	10/03/2013
Decision Date:	09/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/12/2014

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 Orthopaedic Surgery 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:

This 42-year-old male welder sustained an industrial injury on 10/3/13. Injury occurred when a wall fell and he was struck on the head. The 12/7/13 right shoulder MRI impression documented supraspinatus, infraspinatus and subscapularis tendinosis with partial thickness supraspinatus tear. The 7/8/14 orthopedic pain management report cited moderate to severe right shoulder pain. Medications provided temporary relief and improved his ability to have restful sleep. Pain was also alleviated by activity restrictions. Physical exam documented tenderness over the acromioclavicular joint, biceps tendon, and shoulder girdle muscles. Range of motion was decreased. Neer's and Hawkin's were positive. Motor strength was 4/5. The treatment plan recommended an orthopedic surgical consult for the right shoulder. The 8/1/14 chiropractic progress report cited grade 7/10 right shoulder pain traveling down his arm and increased with above shoulder activity. Additional complaints included left shoulder pain, neck pain radiating to the right upper extremity, and radicular low back pain. The patient also reported symptoms of anxiety, stress, depression, and sleep loss. Physical exam documented tenderness over the anterior and positive shoulder, bicipital groove, and rotator cuff. Apley's, Speed's, and Yergason's tests all produced pain. Right shoulder range of motion was flexion 100, abduction 100, extension 20, adduction 10, internal rotation 40, and external rotation 50 degrees. Orthopedic surgical consult had been performed on 7/15/14 with follow-up scheduled for 8/19/14. The treatment plan stated the patient required right shoulder surgery, psychological consultation, and sleep study. The 8/8/14 utilization review denied the request for right shoulder surgery as non-specific and noted the orthopedic surgical consult had not submitted report with a surgical request. The request for sleep study was denied, as there was

no specific documentation of sleep issues or attempted treatment and a psychological evaluation was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder surgery (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. The Official Disability Guidelines for rotator cuff repair of partial thickness tears require 3 to 6 months of conservative treatment plus weak or absent abduction and positive impingement sign with a positive diagnostic injection test. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no documentation of a positive diagnostic injection test. An orthopedic surgical consult has been provided with no specific treatment recommendations documented therefore, this request is not medically necessary.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Pain (Chronic) updated 4/10/14.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not make recommendations relative to sleep studies (polysomnography). The Official Disability Guidelines recommend polysomnography after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Guideline criteria have not been met. There are no specific parameters of sleep dysfunction documented. Records indicate that medications for pain have improved restful sleep. Psychological evaluation has been approved but psychiatric etiology of sleep dysfunction has not yet been excluded therefore, this request is not medically necessary.

