

Case Number:	CM14-0167361		
Date Assigned:	10/14/2014	Date of Injury:	12/07/2010
Decision Date:	11/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine 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:

Patient is a 52 year-old female with date of injury 12/07/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/27/2014, lists subjective complaints as pain in the neck, entire spine, and bilateral shoulders. Objective findings: Cervical spine: Diffuse tenderness and paravertebral spasm, guarding, and asymmetric range of motion. Lumbosacral spine: Diffuse tenderness with paravertebral spasm, guarding, and asymmetric range of motion. Supine straight leg raise was negative bilaterally. Upper extremities: Shoulder range of motion was reduced in abduction and internal rotation. Dislocation apprehension tests were negative bilaterally. Impingement test was positive on the right and created a tight sensation. Motor examination was 5/5 throughout the major muscle groups of the upper extremities. Diagnoses are cervical strain, status post left shoulder subacromial decompression, right shoulder strain with impingement, Status post DeQuervain's release, tenosynovectomy and tenolysis, Left elbow lateral epicondylitis, Bilateral upper extremity strain/sprain, history of left dorsal wrist small ganglion cyst, and lumbosacral strain/sprain. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as two months. Medications: 1. Motrin 800mg, #120 SIG: four times per day2. Sonata 10mg, #30 SIG: one at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is no documentation in the medical record that the patient has had an improvement in functional capacity due to Motrin. Motrin 800 mg # 120 is not medically necessary.

Sonata 10 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Moore & Jefferson: Handbook of Medical Psychiatry, 2nd Ed., Mosby Inc.

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), Insomnia treatment

Decision rationale: Zaleplon (marketed under the brand names Sonata, Starnoc and Andante) is a sedative-hypnotic, almost entirely used for the management/treatment of insomnia. It is a non-benzodiazepine hypnotic from the pyrazolopyrimidine class. The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Sonata for approximately 2 months or more, longer than recommended in the Official Disability Guidelines. Therefore, Sonata 10 mg # 30 is not medically necessary.

Left Shoulder DX ultrasound: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. 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) Shoulder (Acute & Chronic), Ultrasound, Diagnostic

Decision rationale: The Official Disability Guidelines state that the results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. A diagnostic ultrasound of the shoulder is medically necessary and appropriate. I am reversing the previous utilization review decision.

Surgical consultation in consideration of left shoulder MUA: 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) Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Manipulation Under Anesthesia (MUA)

Decision rationale: The Official Disability Guidelines state that manipulation under anesthesia for the shoulder understands as an option in adhesive capsulitis. According to the medical record, the patient has had a previous appointment with an orthopedist to consider manipulation under anesthesia of his shoulder joint. That record is not available for review at this time. An additional appointment with an orthopedist is not necessary if the patient has been seen previously for the same issue. Surgical consultation in consideration of left shoulder MUA is not medically necessary.