

Case Number:	CM14-0034985		
Date Assigned:	06/23/2014	Date of Injury:	02/23/2012
Decision Date:	07/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 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:

The injured worker is a 39 year-old male who reported an injury to his right shoulder following a motor vehicle accident. The clinical note dated 09/09/13 indicates the injured worker complaining of 6/10 pain at the right shoulder. The note does indicate the injured worker having undergone the use of pharmacological interventions as well as physical therapy. The note also indicates the injured worker had been utilizing hydrocodone to address the ongoing right shoulder pain. The progress note dated 12/19/13 indicates the injured worker having undergone arthroscopic subacromial decompression as well as a rotator cuff debridement on the right on 12/09/13. The clinical note dated 01/31/14 indicates the injured worker demonstrated 100 degrees of both flexion and adduction as well as 45 degrees of internal and external rotation. The clinical note dated 02/17/14 indicates the injured worker demonstrating strength deficits at the right shoulder as well. The note does indicate the injured worker having completed 12 physical therapies sessions with some improvement. The injured worker was being recommended for additional therapy at that time. The clinical note dated 03/12/14 indicates the injured worker demonstrating 160 degrees right shoulder flexion, 42 degrees of extension, 140 degrees of abduction, 57 degrees of adduction, and 70 degrees of both internal and external rotation. The injured worker had ongoing complaints of pain. The note does indicate the injured worker having undergone acupuncture treatments which had resulted in some improvements. Tenderness was identified upon palpation. The utilization review dated 03/11/14 resulted in non-certifications for the use of interferential unit, a sleep study, an internal medicine consultation, and an x-ray for the right shoulder. The request for the interferential unit resulted in denial as no information had been submitted regarding the injured worker additional conservative treatments. The note does indicate the injured worker having complaints of sleep disturbance secondary to the pain anxiety. However, no information had been submitted regarding the injured worker's response to

behavioral interventions as well as medications addressing the sleep issues. The request for the internal medicine consultation resulted in denial as no information was submitted regarding the injured worker response to the use of anti-inflammatory and opiate medications. The use of an x-ray at the shoulder resulted in a denial as the injured worker had been undergoing therapeutic rehabilitation for the right shoulder and therefore the medical need for an x-ray had not been established at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interferential Unit (through [REDACTED]) between 2/6/2014 and 5/9/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The documentation indicates the injured worker had been undergoing physical therapy to address the right shoulder complaints. There is an indication that the injured worker was also undergoing acupuncture treatments between 02/06/14 and 05/09/14. However, no objective data was submitted confirming the injured worker's positive response to the use of this treatment. Given these factors, the request is not indicated as medically necessary.

1 Sleep Study between 2/6/2014 and 5/9/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain (chronic) Polysomnography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

Decision rationale: The documentation indicates the injured worker had complaints of sleep disturbance secondary to the ongoing pain. However, according to the clinical notes the sleep disturbance was being addressed with the use of pharmacological interventions. No information had been submitted regarding the injured worker's response to the use of this medication. Additionally, no information had been submitted regarding the injured worker's ongoing complaints of excessive daytime somnolence, cataplexy, continual headaches, intellectual deterioration, personality changes, or sleep-related disorders. Given these factors the request is not fully indicated as medically necessary.

1 Internal Medicine Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), IME and Consultations, page 503.

Decision rationale: The documentation indicates the injured worker continuing with the use of both opioid and non-opioid medications. It would be reasonable for the injured worker to follow up with his primary physician in order to assess the effectiveness of the prescribed medication regiment. Therefore, a consultation with an internal medicine consultation is medically necessary for this injured worker at this time.

1 X-ray right shoulder (through [REDACTED]) between 2/6/2014 and 2/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The documentation indicates the injured worker having undergone several imaging studies that include an magnetic resonance imaging of the right shoulder. The injured worker is continuing with range of motion strength deficits at the right shoulder following the surgery intervention. However, no additional information was submitted regarding a newer injury or unexpected functional deficits within the post-operative setting. Therefore, it is unclear how the injured worker would benefit from additional radiographs at this time. Therefore, the request for 1 X-ray of the right shoulder is not medically necessary.