

<b>Case Number:</b>	CM14-0066135		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/07/2005
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas and Georgia. 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 49-year-old male who reported injury on 10/07/2005. The injured worker was diagnosed with an anxiety disorder with some symptoms of posttraumatic stress disorder. The injured worker was receiving psychotherapy since 2009. The documentation of 01/22/2014, revealed the injured worker was undergoing supportive psychotherapy and felt depressed. The request was made for additional visits due to the injured worker's negative view of his condition. The documentation of 03/18/2014 revealed the injured worker had worse pain every day. The injured worker had shoulder pain with popping and clicking of the shoulder. The injured worker was not able to move his right shoulder secondary to pain. The diagnoses included posttraumatic headaches, adhesive capsulitis and lumbar strain. The treatment plan included improved blood pressure so the injured worker would take atenolol 25 mg per day and have an internal medicine consultation for hypertension. The injured worker was to have an EEG and utilize trazodone 50 mg to 100 mg at night. Additionally, it was indicated the injured worker's clonidine was to be 0.2 mg per day #30 for hypertension. The request was made for bilateral wrist splints, dispense 2 at night, an orthopedic consultation, psychological counseling due to moderate depression and home exercises. There was no DWC Form RFA requesting shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A right shoulder arthroplasty:** 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), Indications for Surgery.

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

**Decision rationale:** The ACOEM Guidelines indicate that a referral for a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion, with clear clinical and imaging evidence of a lesion that has been shown to benefit in both the long and term from surgical repair. The clinical documentation submitted for review did not include a DWC Form RFA or a PR2 submitted requesting the procedure. Additionally, there was no MRI submitted for review to support the injured worker had a condition that involved a surgical lesion. Given the above, the request for 1 right shoulder arthroplasty is not medically necessary.

**An orthopedic consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 6, Page 163.

**Decision rationale:** The ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, and therapeutic management. There was no DWC Form RFA or PR2 submitted requesting the service. There was no MRI submitted for review to support the injured worker had a condition that involved a surgical lesion. The request as submitted failed to indicate the type of orthopedic consultation that was being requested. Given the above, the request for 1 orthopedic consultation is not medically necessary.

**Clonidine 0.2mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/clonidine.html>.

**Decision rationale:** Per drugs.com, clonidine lowers blood pressure by decreasing the level of certain chemicals in your blood. Clonidine is used to treat hypertension. The clinical documentation submitted for review per the physician indicated the injured worker blood pressure was better at 131/90; however, there was a lack of documentation indicating prior findings. The request as submitted failed to indicate the frequency for the requested medication.

Given the above, the request for 1 prescription of clonidine 0.2 mg #30 is not medically necessary.

**Bilateral wrist splints:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265, 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

**Decision rationale:** The ACOEM Guidelines indicate the initial treatment of carpal tunnel syndrome should include night splints. The clinical documentation submitted for review indicated the request was made for bilateral wrist splints; however, there was a lack of documentation indicating objective findings to support the necessity for bilateral splints. Given the above, the request for 1 bilateral wrist splints times 2 is not medically necessary.

**12 psychological counseling sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

**Decision rationale:** The California MTUS Guidelines indicate that psychological cognitive behavioral therapy is appropriate and with evidence of objective function improvement, there can be a total of up to 6-10 visits over 5 to 6 weeks. The clinical documentation submitted for review indicated the injured worker had been treated since 2009. There was a lack of documentation of objective functional improvement as well as the quantity of sessions that were previously participated in and the objective benefit that was received. Given the above, the request for 12 psychological counseling sessions is not medically necessary.