

Case Number:	CM14-0155918		
Date Assigned:	09/26/2014	Date of Injury:	07/07/2013
Decision Date:	01/07/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 39 year old female sustained work related industrial injuries on July 7, 2013 while working as a certified nursing assistant. The mechanism of injury involved right shoulder injury while assisting a client back to the room. She subsequently complained of right shoulder pain. The injured worker was diagnosed and treated for right shoulder adhesive capsulitis with biceps tendinitis. Operative report noted that the beneficiary failed conservative treatment for bicep tendonitis and on August 28, 2014, the injured worker underwent right shoulder arthroscopic subacromial decompression, manipulation under anesthesia and mini open biceps tenodesis. The injured worker's treatment consisted of radiographic imaging, prescribed medications, cortisone injection, post-operative physical therapy, activity modifications and periodic follow up visits. According to the provider notes dated June 18, 2014, the injured worker had failed 6 months of conservative treatment with persistent anterior shoulder pain consistent with biceps tendinitis. Documentation noted that the cortisone injection only offered temporary relief. The treating provider noted that given the failed course of treatment with modification and limitation, recommendation is for arthroscopic- assisted biceps tenodesis. QME report dated June 24, 2014, revealed possible bicep tears and mild exacerbation of left shoulder impingement requiring surgical intervention. As of June 18, 2014, the injured worker's work status was modified work restrictions. The treating physician prescribed request for shoulder orthosis, cold therapy unit, pad and Ambien dispensed on July 30, 2014 now under review. On August 28, 2014, Utilization Review evaluated the request for shoulder orthosis, cold therapy unit, pad and Ambien dispensed on July 30, 2014 requested on August 22, 2014. Upon review of the clinical information, UR noncertified the request noting that the clinical documentation did not establish the medical necessity of this request in accordance with the MTUS and ODG guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Shoulder Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Immobilization

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder orthosis. Per the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. In this case there is no indication for need for open rotator cuff repair and therefore the request is not medically necessary.

Post-Operative Cold Therapy Unit and Pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Continuous flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous Flow Cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG it is recommended immediately post-operatively for upwards of 7 days. In this case there is no specification of length of time requested post-operatively for the cryotherapy unit. Therefore the request is not medically necessary.

Ambien, unspecified dosage and quantity: 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 Chapter, Zolpidem (Ambien)

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia.

Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records from 6/18/14 of insomnia to warrant Ambien. Therefore the request is not medically necessary.