

Case Number:	CM15-0004868		
Date Assigned:	01/21/2015	Date of Injury:	02/23/2012
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained cumulative trauma injuries from 02/23/2011-02/23/2012. She has reported subsequent neck, bilateral shoulder, arm, elbow, forearm, hand, wrist and finger pain and was diagnosed with left shoulder impingement syndrome with full thickness rotor cuff tear, right elbow lateral epicondylitis, forearm tendonitis and flexor tendonitis. Treatment to date has included oral pain medication, chiropractic therapy, physical therapy, cortisone injections, biofeedback and acupuncture treatment. On the doctor's first report of illness or injury report dated 12/02/2014, the treating physician reported that the injured worker complained of neck, left shoulder, right elbow, right wrist and hand pain. Tenderness to palpation was notable over the subacromial region, acromioclavicular joint, supraspinatus tendon and posterior scapular muscles. Impingement, Cross Arm and Codman's Drop Arm test were positive and subacromial crepitus was present with passive motion. The physician noted that based upon MRI scan results from October 2012 and clinical findings the injured worker would likely require left shoulder surgery. The physician requested a diagnostic ultrasound of the left shoulder and Remeron due to reported difficulty sleeping. On 12/22/2014, Utilization Review non-certified requests for diagnostic ultrasound of the left shoulder and Remeron noting that the documentation provided was insufficient to support the medical necessity of these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic ultrasound study of left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are:- Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems),- Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon),- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The provided documentation for review fails to meet the above criteria per the ACOEM. The patient has had previous left shoulder MRI. Therefore the request is not certified.

Remeron (Mirtazapine) 15mg, #30: Overturned

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 remeron

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. The Official Disability guidelines section on Remeron lists the medication as a treatment option for sleep disturbances/insomnia. The patient has the diagnosis of sleep disturbance due to chronic pain. Therefore the request is medically warranted and certified.