

Case Number:	CM15-0006533		
Date Assigned:	01/26/2015	Date of Injury:	07/11/2014
Decision Date:	03/23/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 07/11/2014. The mechanism of injury was repetitive work duties. He was diagnosed with cervical sprain/strain, lumbar sprain/strain, and left shoulder impingement with probable adhesive capsulitis. Past treatments were noted to include psychotherapy, medications, and home exercise. Ultrasound of the bilateral shoulders on 10/25/2014 revealed a small full thickness rotator cuff tear, anterior glenoid labrum fraying and degeneration, subacromial and subdeltoid bursitis, and AC joint hypertrophy, and narrowing of the subacromial space in the left shoulder. The injured worker's symptoms were noted to include left shoulder pain and loss of motion, as well as low back pain with loss of motion. It was also noted that he reported difficulty sleeping. Objective findings included decreased lumbar and left shoulder range of motion. Requests were received for Sonata 10 mg #30 and 1 consultation with a specialist for left shoulder surgery. However, rationale for these requests was not provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Sonata 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin School of Nursing, Family Nurse Practitioner Program. Clinical guideline for the treatment of primary insomnia in middle-aged and older adults. Austin (TX): University of Texas at Austin, School of Nursing; 2014 May. 28 p. [63 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Insomnia Treatment.

Decision rationale: According to the Official Disability Guidelines, Sonata reduces sleep latency for patients with insomnia. However, the guidelines also specifically state short term use for 7 to 10 days only is indicated. The submitted documentation did not include details regarding the injured worker's use of Sonata. It was noted that he experienced difficulty sleeping. However, it is unclear whether he had a diagnosis of insomnia, or whether he had prior use of Sonata which had been effective in managing his insomnia complaints. Therefore, it is unclear whether he has exceeded the guidelines recommendations for a maximum of 7 to 10 days of use. Additionally, the request as submitted failed to indicate a frequency of use. For these reasons, the request is not medically necessary.

1 consultation with a specialist for left shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus evidence of a surgical lesion, or when there is clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The submitted clinical information indicated that the injured worker had left shoulder pain, and that ultrasound had revealed evidence of a rotator cuff tear. It was also noted that he had failed psychotherapy and home exercise, as well as medications. However, it is unclear whether he has tried and failed an adequate course of physical therapy. Moreover, the submitted documentation did not include any recent clinical notes to verify evidence of significant pathology on physical examination. For these reasons, the request is not medically necessary.