

Case Number:	CM15-0142326		
Date Assigned:	08/03/2015	Date of Injury:	08/07/2013
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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 60 year old female, who sustained an industrial injury on 8-07-2013. The injured worker was diagnosed as having cervical muscle spasm, cervical radiculopathy, cervical stenosis, left rotator cuff tear, left shoulder adhesive capsulitis, left shoulder myospasm, status post left shoulder surgery, and chronic pain. Treatment to date has included diagnostics, unspecified left shoulder surgery (6-2014), physical therapy, and medications. Currently, the injured worker complains of constant and severe neck pain radiating to the left shoulder. She reported frequent stiffness and dull and achy left shoulder pain. Exam of the cervical spine noted decreased and painful range of motion and tenderness to palpation and spasm of the cervical paravertebral muscles and left trapezius. Left shoulder range of motion was decreased and painful and tenderness to palpation was documented. Supraspinatus press caused pain. It was documented that she developed industrial related pain and resultant emotional stressors. As a result, she developed sleep disturbances. Work status was modified. Current medication regimen was not noted. The treatment plan included a sleep study consultation and surgical consultation for the left shoulder. An orthopedic progress report (5-21-2015) noted that medications provided temporary relief of pain and improved her ability to have restful sleep. She was recommended to undergo physical therapy, chiropractic, and acupuncture, along with continued use of a hot-cold unit. She was prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, sleep study.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date medical guidelines states sleep studies are indicated in the evaluation of sleep disorders. The medical records indicate the patient has sleep disturbance secondary to pain and emotional issues. The patient does not have symptoms consistent with a primary sleep disorder such as sleep apnea. Therefore the request is not medically necessary.

Surgical consultation for left shoulder with orthopedic surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of shoulder pain that have failed treatment by the primary treating physician. Therefore criteria for an orthopedic consult have been met and the request is medically necessary.