

Case Number:	CM15-0162045		
Date Assigned:	08/28/2015	Date of Injury:	06/20/2014
Decision Date:	10/21/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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 66 year old male who sustained an injury on 6-20-14 resulting from a 7 foot cabinet of paint fell on his chest. Initial treatment in the emergency room included diagnostic testing CT scan head; CT scan chest; abdominal ultrasound; cardiac monitoring; and Chest X-rays were completed. Results from the chest X-ray revealed slightly displaced superior sternal fracture The IW was placed on temporary total disability. No cardiac or pulmonary injury was noted. The hospital course following this injury the IW was started on respiratory treatment and incentive spirometry and continued to have low saturations correlated to chronic obstructive pulmonary disease related to a substantial tobacco history. The IW's saturations remained in the high 80's to low 90's and were able to ambulate and use his incentive spirometer. He was discharged on day two. Diagnoses included Status post crush injury to chest; mildly displace sternal body fracture with associate retrosternal hematoma. Additional diagnoses were alcoholism; chronic obstructive pulmonary disease; a 1.6 cm subcutaneous nodule in the left upper lung; old T3 compression fracture. Treatment included physical therapy and as noted on 9-2-14 that the symptoms have significantly improved. A re-evaluation office visit from 7-9-15 reports that the IW took his patch and it almost completely eliminated office pain. He was able to function well and without the patch the pain level increased to 7 out of 10. The pain is documented as aching shooting, stabbing, sharp, tender, exhausting and tiring; penetrating and nagging and miserable. He reports feeling tired much of the day and is constantly yawning throughout the day; experiences pain when he tries to take deep breaths. Medications currently include Buspirone 10 mg tablet; Citalopram 20 mg; Fentanyl 12 mcg-hour transdermal patch; apply patch every 72 hours by transdermal route at noon for 30 days.; Flector 1.3 % transdermal 12 hour patch; apply twice a day by transdermal route; Quetiapine 50 mg, 1 tablet every day at

bedtime. Work status is temporarily totally disabled. Diagnoses include Non-allopathic lesions, rib cage; myalgia and myositis, unspecified; closed fracture of rib(s). It is noted the plan is to continue with the Fentanyl patch for pain and a rib belt would help to decrease pain and also improve healing by restricting rib movement; a pulmonary consultation and possible sleep study due to respiratory insufficiency. The physical examination reveals moderate distress secondary to chest wall pain; lungs have diminished breath sounds; cyanosis of the nose and there is tenderness on palpation of the chest at the manubrium. The oxygen saturation is at 97% on room air at rest. Current requested treatments diagnostic test sleep study quantity: 1; MRI of the right shoulder, quantity: 1 and durable medical equipment rib belt quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic test sleep study quantity: 1: 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, Polysomnography, Online journal, eMedicine, Specialties, Neurology, Sleep-Related Diseases.

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

Decision rationale: The patient was injured on 06/20/14 and presents with shoulder pain, chest pain, rib pain, and myofascial pain. The request is for a Diagnostic Test Sleep Study Quantity: 1. The RFA is dated 07/14/15 and the patient is temporarily totally disabled. Official disability guidelines, Pain chapter, under Polysomnography, lists the following criteria: Recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The patient has tenderness along the rotator cuff muscles of the right shoulder with myofascial points, a positive drop arm sign on the right side, and tenderness along the subacromial bursa and along the infraspinatus tendon. He is diagnosed with disorder of rotator cuff, chest pain, non-allopathic lesions of rib cage, myalgia and myositis (unspecified), and closed fracture of rib(s). The 07/09/15 report indicates that the patient has sleep disorder. Regarding the request for a sleep study, the treater has not provided a reason for the request. Addressing the criteria for sleep studies, this patient does not appear to display excessive daytime somnolence, cataplexy, mental deterioration, or personality changes. There is a formal diagnosis of a sleep disorder; however the provider does not include a rationale as to why such testing is necessary. In this case, the patient does not satisfy ODG criteria for sleep studies and the request cannot be substantiated. This request is not medically necessary.

MRI, of the right shoulder quantity: 1: Overturned

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.

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

Decision rationale: The patient was injured on 06/20/14 and presents with shoulder pain, chest pain, rib pain, and myofascial pain. The request is for a MRI of the Right Shoulder. The utilization review denial letter did not provide a rationale. The RFA is dated 07/14/15 and the patient is temporarily totally disabled. Review of the reports provided does not indicate if the patient had a prior MRI of the right shoulder. ODG Guidelines, Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging; Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient has tenderness along the rotator cuff muscles of the right shoulder with myofascial points, a positive drop arm sign on the right side, and tenderness along the subacromial bursa and along the infraspinatus tendon. He is diagnosed with disorder of rotator cuff, chest pain, non-allopathic lesions of rib cage, myalgia and myositis (unspecified), and closed fracture of rib(s). Given that the patient is diagnosed with disorder of rotator cuff, continues to have right shoulder pain, and does not have a prior MRI of the right shoulder, the request appears reasonable. The requested MRI of the right shoulder is medically necessary.

Durable Medical Equipment rib belt Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online text from eMedicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter under Rib fracture treatment.

Decision rationale: The patient was injured on 06/20/14 and presents with shoulder pain, chest pain, rib pain, and myofascial pain. The request is for a Durable Medical Equipment Rib Belt Quantity: 1. The RFA is dated 07/14/15 and the patient is temporarily totally disabled. ODG-TWC, Shoulder (Acute & Chronic) Chapter under Rib fracture treatment states: Recommended

Rib fracture treatment: NSAIDs, rest and ice, Cough or take deep breaths once an hour, Lie on injured side to allow deeper breaths, Rib belts or binders are not recommended, Recommend hospital admission for any patient with 3 or more rib fractures, ICU care for elderly patients with 6 or more rib fractures, which may indicate serious internal injuries, such as pneumothorax and pulmonary contusion, and Surgery is not recommended. The patient has tenderness along the rotator cuff muscles of the right shoulder with myofascial points, a positive drop arm sign on the right side, and tenderness along the subacromial bursa and along the infraspinatus tendon. He is diagnosed with disorder of rotator cuff, chest pain, non-allopathic lesions of rib cage, myalgia and myositis (unspecified), and closed fracture of rib(s). The reason for the request is not provided. Although the patient is diagnosed with closed fracture of the rib, ODG Guidelines does not support rib belts or binders for the treatment of rib fracture. Therefore, the request is not medically necessary.