

Case Number:	CM15-0166272		
Date Assigned:	09/03/2015	Date of Injury:	01/31/2014
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old male, who sustained an industrial injury on 1-31-14. Initial complaint was of his right shoulder pain. The injured worker was diagnosed as having other specified disorders of bursae and tendons in shoulder region. Treatment to date has included physical therapy; status post right shoulder arthroscopy capsular release with excision of CA ligament and coplanar claviculoplasty (11-20-14); status post left shoulder mini post-capsular release ASD coplanar claviculoplasty (3-10-15); medications. Currently, the PR-2 notes dated 8-7-15 indicated the injured worker comes to the office on this date for a follow-up of his bilateral shoulders. He reports that his is doing the same and is having a lot of pain. He reports that the bilateral Kenalog-Marcaine injection to the subacromial spaces on 6-26-15 provided no relief. He would like a referral to physical therapy and is frustrated by his lack of progress and ability to get his pain under control. He is a status post left shoulder mini post-capsular release ASD coplanar claviculoplasty of 3-10-15. On physical examination, the provider documents his neck examination is within normal limits. The right shoulder demonstrates near full active and passive range of motion with moderate impingement moderate painful arc. Rotator cuff testing is 5 out of 5. He has mild-to-moderate scapular dysknesia with mild rhomboid tenderness posteriorly with no scapular winging. He is a status post right shoulder arthroscopy capsular release with excision of CA ligament and coplanar claviculoplasty of 11-20-14. On examination of the left shoulder, it demonstrates near full active and passive range of motion with a painful arc of motion in abduction greater than forward flexion with mild to moderate positive impingement. Rotator cuff testing is 5 out of 5 with mild-to-moderate scapular dysknesia with mild rhomboid tenderness posteriorly. There is no scapular winging. The provider is requesting authorization of

Unknown sessions of physical therapy and Sonata 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 212, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Physical therapy - Shoulder.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work-related injury in January 2014 and underwent right shoulder arthroscopy on 11/20/14 with capsular release and coracoacromial ligament resection and claviculoplasty and left shoulder surgery with an arthroscopic subacromial decompression on 03/10/15. Overall, there have been 20 post-operative treatments since the surgery in November 2014 with 16 treatments since the surgery in March 2015. When seen, there was no improvement after bilateral subacromial injections in June 2015. There was a painful shoulder arc during range of motion bilaterally, which was nearly full. There was shoulder tenderness and scapular dyskinesia bilaterally. An additional 12 physical therapy treatments were requested. Sonata was prescribed because the claimant was having difficulty sleeping due to pain. Sonata (zaleplon) is a sedative hypnotic medication used to treat insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has difficulty sleeping due to pain, which should be treated directly. Prescribing Sonata is not medically necessary.

Sonata 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in January 2014 and underwent right shoulder arthroscopy on 11/20/14 with capsular release and coracoacromial ligament resection and claviculoplasty and left shoulder surgery with an arthroscopic subacromial decompression on 03/10/15. Overall, there have been 20 post-operative treatments since the

surgery in November 2014 with 16 treatments since the surgery in March 2015. When seen, there was no improvement after bilateral subacromial injections in June 2015. There was a painful shoulder arc during range of motion bilaterally, which was nearly full. There was shoulder tenderness and scapular dyskinesis bilaterally. An additional 12 physical therapy treatments were requested. Sonata was prescribed because the claimant was having difficulty sleeping due to pain. Sonata (zaleplon) is a sedative hypnotic medication used to treat insomnia. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has difficulty sleeping due to pain, which should be treated directly. Prescribing Sonata is not medically necessary.