

<b>Case Number:</b>	CM15-0084344		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Emergency Medicine

### 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 39-year-old female, who sustained an industrial injury on 08/27/2012 reporting bilateral upper extremity pain. On provider visit dated 04/06/2015 the injured worker has reported occasional mild achy right shoulder pain. On examination, the right shoulder revealed a decreased in abduction on range of motion. The diagnoses have included right shoulder impingement syndrome, right shoulder slap lesion and right shoulder bursitis subacromial. Treatment to date has included medication, chiropractic/physio therapy, laboratory studies and acupuncture. The injured worker underwent a MRI of the right shoulder on 12/20/2014. The provider requested Retro Zopidem 10mg #30, additional chiro/physiotherapy 1 x 4 for right shoulder and additional acupuncture 1 x 4 for the right shoulder to help decrease pain and increase function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS: 4.6.15) Zopidem 10mg #30: 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

**Decision rationale:** The requested Retro (DOS: 4.6.15) Zolpidem 10mg #30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has occasional mild achy right shoulder pain. On examination, the right shoulder revealed a decreased in abduction on range of motion. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Retro (DOS: 4.6.15) Zolpidem 10mg #30 is not medically necessary.

**Additional chiro/physiotherapy 1 x 4 for right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The requested Additional chiro/physiotherapy 1 x 4 for right shoulder is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has occasional mild achy right shoulder pain. On examination, the right shoulder revealed a decreased in abduction on range of motion. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Additional chiro/physiotherapy 1 x 4 for right shoulder is not medically necessary.

**Additional acupuncture 1 x 4 for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The requested additional acupuncture 1 x 4 for the right shoulder is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has occasional mild achy right shoulder pain. On examination, the right shoulder revealed a decreased in abduction on range of motion. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as

improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Additional acupuncture 1 x 4 for the right shoulder is not medically necessary.