

Case Number:	CM14-0145106		
Date Assigned:	09/12/2014	Date of Injury:	05/08/2013
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of three-level lumbar discogenic pain and chronic neck pain. In addition, there is documentation of ongoing treatment with Ambien. Furthermore, given documentation that Ambien allows the patient to carry out activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ambien use to date. However, there is documentation that the patient is having difficulty sleeping. However, given documentation of records reflecting prescriptions for Ambien since at least 2/19/14, there is no documentation of short-term (less than two to six weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg #30 DOS: 8/22/14 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of pain in the shoulder joint region and aftercare following surgery of the musculoskeletal system. In addition, there is documentation of status post left shoulder surgery (unspecified) on 6/12/14 and 12 previously authorized sessions of postoperative physical therapy. However, given no documentation of the specific shoulder surgery performed on 6/12/14, there is no documentation if the number of treatments have exceeded guidelines. In addition, given documentation of objective findings (no change in left shoulder pain level, active range of motion, and passive range of motion since initiation of physical therapy), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for twelve (12) physical therapy sessions for left shoulder is not medically necessary.