

Case Number:	CM14-0032799		
Date Assigned:	03/21/2014	Date of Injury:	02/10/2007
Decision Date:	04/30/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 Geriatrics, and is licensed to practice in New York. 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:

The injured worker is a 55 year old man with a date of injury of 2/10/07. He had complaints of neck pain radiating to the right upper extremity and left shoulder and low back pain that radiated to his legs. His pain was 7/10 with medications and he reported limitations in his activities of daily living including sleep. He had a recent Deep Venous Thrombosis of his left leg in 12/13. His physical exam showed tenderness at the rotator cuff, acromioclavicular joint and right anterior shoulder. His diagnoses included bilateral shoulder pain, chronic pain, bipolar disorder, status post right shoulder surgery, left lower extremity Deep Venous Thrombosis, history of lupus. He was said to have opiate tolerance due to long-term use. At issue in this review is the prescription for restone, magnetic resonance imaging, orthopedic evaluation of his shoulder and a gym membership with access to a pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTONE 3-100MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other medical treatment or medical evidence

Decision rationale: Restone consists of melatonin and tryptophan used in the treatment of insomnia. Per Up-to-date, patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the insomnia and receive general behavioral advice on sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. The documentation does not support the medical necessity for restone.

MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT SHOULDER: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic neck pain is for a magnetic resonance imaging (MRI) of the left shoulder. The records document a limited physical exam and no red flags or indications for immediate referral or imaging. A magnetic resonance imaging (MRI) can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a magnetic resonance imaging (MRI) of the left shoulder is not medically indicated.

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a magnetic resonance imaging (MRI) of the cervical spine. The records do not document red flags or indications for immediate referral or imaging. A magnetic resonance imaging (MRI) can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a magnetic resonance imaging (MRI) of the cervical spine is not medically indicated

ORTHOPEDIC SURGERY EVALUATION OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational and Environmental Medicine, pg 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: This injured worker was denied a request for an orthopedic specialist evaluation of the right shoulder. There are no red flag symptoms or signs which would be indications for immediate referral. Per the California Medical Treatment Utilization Schedule (MTUS), surgery is considered for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. Other modalities of conservative therapy could be trialed prior to surgical referral and surgical outcomes of rotator cuff tears are much better in younger patients than in older patients who may be suffering from degenerative changes in the rotator cuff. The medical records do not support the medical necessity of an orthopedic surgery evaluation.

GYM MEMBERSHIP FOR POOL AND SPA USAGE: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: gym membership with a pool is in question for this injured worker for her left knee and lumbar spine. Per the California Medical Treatment Utilization Schedule (MTUS), aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, the records do not justify why aqua therapy is indicated over a course of land based therapy and the gym membership with a pool and spa usage is therefore not medically indicated.