

Case Number:	CM15-0005260		
Date Assigned:	01/16/2015	Date of Injury:	01/31/2012
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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 60 year old female, who sustained a cumulative trauma industrial injury from 12/11/2007 to 04/17/2012. The diagnoses have included left shoulder strain and impingement, bilateral elbow medial and lateral epicondylitis, bilateral forearm/wrist tendinitis, bilateral knee contusion/sprain, cervical spine sprain/strain, thoracic spine and lumbar spine sprain/strain, and left ankle sprain. Treatments to date have included home exercise program, home electrical muscle stimulation, and medications. Diagnostics to date have included ultrasound study dated 08/14/2012 revealed left shoulder supraspinatus tendinitis, fibrosis, and thinning with subacromial-subdeltoid bursitis. In a progress note dated 12/03/2014, the injured worker presented with complaints of continued left shoulder pain with limited motion and weakness. The treating physician reported the need for surgical consultation regarding the injured worker's left shoulder and diagnostic ultrasound study of the left shoulder to assess for rotator cuff tearing due to worsening of left shoulder pain. Utilization Review determination on 12/18/2014 non-certified the request for Surgical Consultation - Left Shoulder, Diagnostic Ultrasound Study - Left Shoulder, and Remeron 15mg Quantity: 30.00 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation for the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The 12/19/14 Utilization Review letter states the Surgical consultation for the left shoulder requested on the 12/03/14 medical report was denied because there was no evidence of failed conservative care. According to the 12/03/14 medical report, the patient presents with persistent left shoulder pain with limited motion and weakness. The diagnoses included: left shoulder strain and impingement with diagnostic ultrasound dated 8/14/12 showing supraspinatus tendinitis, fibrosis and thinning with subacromial bursitis; bilateral elbow medial and lateral epicondylitis. The provided medical records show the patient was first evaluated by the physician on 6/02/2012. The patient has had conservative care with medications, activity modification, acupuncture, injections, and home exercises. MTUS/ACOEM, Chapter 9, Shoulder, page 211, for surgical considerations for impingement syndrome states: "Surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery." ACOEM Chapter 7 was not adopted into the MTUS guidelines, but would be the next highest review standard, as MTUS does not discuss consultations. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient had conservative care and has persistent impingement signs and activity limitations. The request for a surgical consultation is in accordance with MTUS/ACOEM guidelines. The request for Surgical consultation for the left shoulder IS medically necessary.

Diagnostic ultrasound study for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214, table 9-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The 12/19/14 Utilization Review letter states the repeat ultrasound study for the left shoulder requested on the 12/03/14 medical report was denied because the patient already had an ultrasound study in 2012, and the reviewer states there is no suspicion of rotator cuff tear on exam, nor "a significant change in pathology to clarify the rationale." According to the 12/03/14 medical report, the patient presents with persistent left shoulder pain with limited motion and weakness. The diagnoses included: left shoulder strain and impingement with

diagnostic ultrasound dated 8/14/12 showing supraspinatus tendinitis, fibrosis and thinning with subacromial bursitis; bilateral elbow medial and lateral epicondylitis. The physician requested the diagnostic ultrasound to "assess for rotator cuff tearing" the patient reports worsening shoulder pain and the prior study was 2-years old. Shoulder flexion was 154 degrees, and abduction was 146 degrees. The only other medical report that measures shoulder motion was dated 3/10/14 and show flexion as 134 degrees and abduction at 125 degrees. The patient's subjective pain is reported to be worsening, but the objective findings have improved since the last diagnostic ultrasound procedure. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Ch.9 Special Studies and Diagnostic and Treatment Considerations, pg 207- 209 states: Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). MTUS/ACOEM also states: Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. There is no indication of a full thickness rotator cuff tear. The patient had a prior left shoulder ultrasound study in 2012 that showed tendinitis, and the patient has been improving since then. The patient is reported to have signs of impingement, and partial thickness tears are treated the same. The repeat diagnostic ultrasound does not appear to be in accordance with MTUS/ACOEM guidelines. The request for Diagnostic ultrasound study for the left shoulder IS NOT medically necessary.

Remeron 15 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 9. Decision based on Non-MTUS Citation PAIN CHAPTER, Insomnia treatment

Decision rationale: The 12/19/14 Utilization Review letter states the Remeron 15mg requested on the 12/03/14 medical report was denied because there was no documentation of depression, insomnia, or mention of medication efficacy with prior use. According to the 12/03/14 medical report, the physician is using Remeron 15mg as a sleep aid because the patient failed behavioral techniques to improve sleep and has sleep difficulty. MTUS discusses antidepressants for pain, but not specifically for sleep. ODG guidelines, Pain chapter online for Insomnia treatment, under Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) states these have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" Remeron is mirtazapine, a sedating antidepressant. The patient is reported to have anxiety and difficulty sleeping. There is no mention of depression, or whether the Remeron has provided any benefits with improved sleep or function. The continued use of Remeron without documented functional improvement is not in accordance with MTUS guidelines. The request for Remeron 15mg, unknown quantity, IS NOT medically necessary.

