

Case Number:	CM15-0119095		
Date Assigned:	06/29/2015	Date of Injury:	12/16/2013
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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 an industrial injury on 12/16/13. She reported right shoulder pain. Her initial diagnosis was right shoulder rotator cuff tear. Treatments to date include physical therapy, chiropractic therapy, traction, electrical stimulation, acupuncture, thermotherapy, topical and oral pain medication, sleep medication, pain management consultation, and psychology consultation. Current diagnoses include status post right shoulder surgery with residual pain, anxiety, mood disorder, sleep disorder, and insomnia. In a progress noted dated 04/29/15 the injured worker reports constant right shoulder pain that radiates down the arm to the fingers, associated with muscle spasms. The pain is rated as 6 out of a 10 pain scale; the pain is chronic. She is frustrated, and reports stress, anxiety, insomnia, and depression related to physical limitations, inability to work and uncertain future. Examination shows there is tenderness to palpation at the anterior and posterior aspect of the shoulder. Ranges of motion are within normal limits but painful. Treatment recommendations to date include acupuncture, permanent and stationary evaluation, orthopedic surgeon consultation, and sleep study. The injured worker is under temporary total disability. Date of Utilization Review: 06/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Right Shoulder Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines MTUS Page(s): 13 of 127.

Decision rationale: The patient presents on 04/29/15 with right shoulder pain, which radiates down the arm and into the fingers rated 6/10. The patient also complains of stress, anxiety, insomnia, and depression secondary to pain and loss of function. The patient's date of injury is 12/16/13. Patient is status post rotator cuff repair surgery of the right shoulder on 07/30/14. The request is for Acupuncture for right shoulder Qty 8. The RFA was not provided. Physical examination dated 04/29/15 reveals well healed surgical scars on the right shoulder, tenderness to palpation of the anterior and posterior aspects of the right shoulder, and decreased sensation along the C5-T1 dermatomes in the right upper extremity. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Diagnostic imaging included MRI of the right shoulder dated 01/02/15, significant findings include: "Supraspinatus: Tear, partial thickness tendon with mild retraction... Infraspinatus: Tear, partial articular... Long head bicep tendon vertical: Tenosynovitis... subacromial/subdeltal and subcoracoid fluid." Patient's current work status is not provided. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/ Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the request for 8 sessions of acupuncture for this patient's chronic lower back pain, the requesting provider has exceeded guideline recommendations. There is no evidence that this patient has had any acupuncture to date. Utilization review dated 06/15/15 indicates that this patient was previously approved for 6 session series of acupuncture, though it is not clear if these sessions were ever carried out. MTUS guidelines specify 3 to 6 acupuncture treatments initially, with additional sessions contingent on improvements; in this case, the treater requests 8 initial sessions without first establishing efficacy. Were the request for 3-6 treatments, the recommendation would be for approval. However, this excessive number of sessions without documented efficacy or functional improvement cannot be substantiated. Therefore, the request is not medically necessary.

Permanent and Stationary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and End Points Page(s): 8.

Decision rationale: The patient presents on 04/29/15 with right shoulder pain, which radiates down the arm and into the fingers rated 6/10. The patient also complains of stress, anxiety, insomnia, and depression secondary to pain and loss of function. The patient's date of injury is 12/16/13. Patient is status post rotator cuff repair surgery of the right shoulder on 07/30/14. The request is for Permanent and Stationary Evaluation. The RFA was not provided. Physical examination dated 04/29/15 reveals well-healed surgical scars on the right shoulder, tenderness to palpation of the anterior and posterior aspects of the right shoulder, and decreased sensation along the C5-T1 dermatomes in the right upper extremity. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Diagnostic imaging included MRI of the right shoulder dated 01/02/15, significant findings include: "Supraspinatus: Tear, partial thickness tendon with mild retraction... Infraspinatus: Tear, partial articular... Long head bicep tendon vertical: Tenosynovitis... Subacromial/subdeltal and subcoracoid fluid." Patient's current work status is not provided. In regard to patient evaluations, MTUS Page 8 has the following under Pain Outcomes and End Points: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS and ACOEM do not address evaluations for the purposes of Permanent and Stationary Evaluation, but page 8 of MTUS require that the treating physician provide monitoring and make appropriate treatment recommendations. Permanent and Stationary reporting is an important part of treating physician's evaluating responsibilities. When the treater believes an injured worker has reached a permanent and stationary status, a report should be generated providing the final findings. The request is medically necessary.

Sleep Study Consultation: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Somnography.

Decision rationale: The patient presents on 04/29/15 with right shoulder pain, which radiates down the arm and into the fingers rated 6/10. The patient also complains of stress, anxiety, insomnia, and depression secondary to pain and loss of function. The patient's date of injury is 12/16/13. Patient is status post rotator cuff repair surgery of the right shoulder on 07/30/14. The request is for Sleep Study Consultation. The RFA was not provided. Physical examination dated 04/29/15 reveals well-healed surgical scars on the right shoulder, tenderness to palpation of the

anterior and posterior aspects of the right shoulder, and decreased sensation along the C5-T1 dermatomes in the right upper extremity. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Diagnostic imaging included MRI of the right shoulder dated 01/02/15, significant findings include: "Supraspinatus: Tear, partial thickness tendon with mild retraction... Infrapinatus: Tear, partial articular... Long head bicep tendon vertical: Tenosynovitis... Subacromial/subdeltal and subcoracoid fluid." Patient's current work status is not provided. ODG guidelines have the following regarding sleep studies: "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for ... chronic insomnia, or insomnia associated with psychiatric disorders." For criteria, excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change not due to meds or psyche problems; sleep-related breathing disorder or periodic limb movement disorder is suspect are required. Per progress report dated 04/29/15, the provider states the reason for the request: "This patient presents to me with a history of an irregular sleeping pattern, complaining of rarely getting a continuous night of sleep, and often of difficulty falling asleep. Based on the information provided by the patient it is reasonable to diagnose this patient as having mild to moderate insomnia." However, there is no documentation of excessive daytime somnolence; cataplexy; morning headaches; intellectual deterioration; personality change that would indicate the patient meets guideline criteria for a specialized study of her sleep habits. Furthermore, the psychiatric etiology for the patient's sleep difficulties have not been ruled out. Therefore, the request is not medically necessary.

Orthopedic Consultation: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127.

Decision rationale: The patient presents on 04/29/15 with right shoulder pain, which radiates down the arm and into the fingers rated 6/10. The patient also complains of stress, anxiety, insomnia, and depression secondary to pain and loss of function. The patient's date of injury is 12/16/13. Patient is status post rotator cuff repair surgery of the right shoulder on 07/30/14. The request is for orthopedic consultation. The RFA was not provided. Physical examination dated 04/29/15 reveals well-healed surgical scars on the right shoulder, tenderness to palpation of the anterior and posterior aspects of the right shoulder, and decreased sensation along the C5-T1 dermatomes in the right upper extremity. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Diagnostic imaging included MRI of the right shoulder dated 01/02/15, significant findings include: "Supraspinatus: Tear, partial thickness tendon with mild retraction... Infrapinatus: Tear, partial articular... Long head bicep tendon vertical: Tenosynovitis... Subacromial/subdeltal and subcoracoid fluid." Patient's current work status is not provided. 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." In regard to the consultation with an orthopedic specialist, the request is appropriate. This patient presents with a chronic injury to her right shoulder, which has been poorly resolved by conservative measures and recent rotator cuff repair. An MRI taken approximately 6 months following this patient's rotator cuff surgery also demonstrates continuing pathology to the joint, further consultation to resolve this matter is a reasonable measure. ACOEM guidelines indicate that a provider is justified in seeking a second opinion in cases where the course of care could benefit from a specialist. Therefore, the request is medically necessary.