

Case Number:	CM15-0127137		
Date Assigned:	07/13/2015	Date of Injury:	11/10/2007
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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 56-year-old female who sustained an industrial /work injury on 11/10/07. She reported an initial complaint of neck, right shoulder and wrist pain. The injured worker was diagnosed as having adhesive capsulitis of shoulder, s/p right arthroscopic rotator cuff repair, right thoracic outlet syndrome, s/p scalenectomy on 4/2014, cervical radiculopathy, right cubital tunnel syndrome. Treatment to date includes medication, steroid injection, surgery, and physical therapy. Currently, the injured worker complained of persistent severe right shoulder pain. Per the primary physician's report (PR-2) on 3/19/15, exam noted right shoulder abduction limited to 90 degrees with generalized tenderness, continued demonstration of right carpal tunnel syndrome with positive Tinel's and median nerve compression test. The requested treatments include one (1) right subacromial PRP injection of the right shoulder, six (6) additional physical therapy sessions, and one (1) prescription of Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right subacromial PRP injection 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 Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): Platelet-rich plasma (PRP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter under Platelet-rich plasma.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder rotator cuff repair 11/13/12 and brachial plexus decompression 03/31/14. The request is for ONE (1) RIGHT SUBACROMIAL PRP INJECTION OF THE RIGHT SHOULDER. Patient's diagnosis per Request for Authorization form dated 04/06/15 includes status post left shoulder arthroscopic decompression, right shoulder adhesive capsulitis, and right thoracic outlet syndrome. Physical examination to the shoulder on 03/19/15 revealed shoulder abduction limited to 90 degrees with generalized tenderness. Shoulder ultrasound revealed findings of adhesive capsulitis and tendinitis. Treatment to date has included surgery, injections, physical therapy and medications. Patient's medications include Ambien and Ibuprofen. The patient has returned to full time work, per 03/19/15 report. Treatment reports provided from 05/22/14 - 03/19/15. Regarding platelet-rich plasma injections, MTUS and ACOEM Guidelines do not address this request. ODG Guidelines, Shoulder Chapter under Platelet-rich plasma states: "under study as a solo treatment. Recommended PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment." Per 03/19/15 report, treater states the patient "has returned to work, has persistent problems of right shoulder pain and findings of adhesive capsulitis under ultrasound with temporary benefit from steroid injections. She is not recommended further surgery by the AME in Orthopedics. I will request additional therapy of six visits, home exercise program an PRP injection to the right shoulder." There is no indication that the patient has received prior PRP injections. In this case, PRP will not be performed "in conjunction with arthroscopic repair for large and massive rotator cuff tears," as indicated by ODG. Furthermore, while this patient does present with chronic pain, such therapies are still under investigation, and not yet supported by guidelines as appropriate standard medical interventions. Therefore, this request IS NOT medically necessary.

Six (6) additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder rotator cuff repair 11/13/12 and brachial plexus decompression 03/31/14. The request is for SIX (6) ADDITIONAL PHYSICAL THERAPY SESSIONS. Patient's diagnosis per Request for Authorization form dated 04/06/15 includes status post left shoulder arthroscopic decompression, right shoulder adhesive capsulitis, and right thoracic outlet syndrome. Physical examination to the shoulder on 03/19/15 revealed shoulder abduction limited to 90 degrees with generalized tenderness. Shoulder ultrasound revealed findings of adhesive capsulitis and tendinitis. Treatment to date has included surgery, injections, physical therapy and medications. Patient's medications include Ambien and Ibuprofen. The patient has returned to full time work,

per 03/19/15 report. Treatment reports provided from 05/22/14 - 03/19/15. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per 03/19/15 report, treater states the patient "has returned to work, has persistent problems of right shoulder pain and findings of adhesive capsulitis under ultrasound with temporary benefit from steroid injections. She is not recommended further surgery by the AME in Orthopedics. I will request additional therapy of six visits, home exercise program a PRP injection to the right shoulder." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going supervised therapy is needed, nor is reason patient unable to transition into a home exercise program. Additional physical therapy cannot be warranted due to lack of documentation. Therefore, the request IS NOT medically necessary.

One (1) prescription of Ambien 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien) Section.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder rotator cuff repair 11/13/12 and brachial plexus decompression 03/31/14. The request is for ONE (1) PRESCRIPTION OF AMBIEN 10MG #30. Patient's diagnosis per Request for Authorization form dated 04/06/15 includes status post left shoulder arthroscopic decompression, right shoulder adhesive capsulitis, and right thoracic outlet syndrome. Physical examination to the shoulder on 03/19/15 revealed shoulder abduction limited to 90 degrees with generalized tenderness. Shoulder ultrasound revealed findings of adhesive capsulitis and tendinitis. Treatment to date has included surgery, injections, physical therapy and medications. Patient's medications include Ambien and Ibuprofen. The patient has returned to full time work, per 03/19/15 report. Treatment reports provided from 05/22/14 - 03/19/15. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" AME report dated 02/25/15 mentions patient complains of insomnia. Ambien has been prescribed for sleep disorder, per 03/19/15 report. It is not known when the medication was initiated. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. The request for additional quantity 30 exceeds and is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.