

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 7/16/2012
IMR Application Received: 8/6/2013
MAXIMUS Case Number: CM13-0007996

Dear [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The underlying date of injury in this case is 07/16/2012. This patient was injured while employed as a pipeline company employee. The patient's treating diagnoses include right shoulder impingement and a nondisplaced labral tear. Treating physician notes as of 07/31/2013 indicate the patient had seen orthopedics and had been advised to undergo surgery. On exam, the patient had pain with right shoulder abduction. An MRI of the right shoulder 10/18/2012 demonstrated a nondisplaced labral tear with an intact biceps and a normal rotator cuff. On 06/19/2013, a detailed panel qualified medical evaluation noted the patient had a swollen internal derangement in the right shoulder for which surgical consultation was recommended. The patient was noted to be taking Norco 10/325 twice per day and also Ambien at night. The specific Ambien dosage is not quantified in that report. On initial per review, the request for Ambien was noncertified given lack from a physician for additional information to clarify if these were dispensed from the office or if a prescription was given. A request for orthopedic consultation was noncertified since the patient previously had been approved for orthopedic consultation 04/05/2013 and thus felt that this might be a duplicate.

IMR DECISION(S) AND RATIONALE(S)

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

1. Ambien 5mg – decrease to 5mg QHS is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her

decision on Official Disability Guidelines (ODG), Section Treatment of Workers' Compensation/Pain, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

This medication is not discussed in the Chronic Pain Treatment Guidelines. The Official Disability Guidelines/Treatment of Workers' Compensation/Pain states regarding insomnia treatment, "Pharmacologic agents should be used only after careful evaluation of potential causes of sleep disturbance...Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days)." Therefore, the guidelines recommend the use of this medication only for a very brief period of time. A prior reviewer recommended non-certification pending additional information to clarify the date of prescription or dispensing and the quantity dispensed. Without this additional information and an understanding of whether there is a plan to taper the medication, it is not possible to support this request as medically necessary. Therefore, at this time this request should be considered not medically necessary.

2. Surgical consultation is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg 201, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines Chapter 9 Shoulder page 201 states, "Physical examination evidence of septic arthritis, neurological compromise, cardiac disease, or intraabdominal pathology that correlates with the medical history and test results may indicate a need for immediate consultation...If no red flags for serious conditions are presents, then determine which common musculoskeletal disorder is present." The medical records in this case indicate that the patient was initially treated conservatively but has had ongoing pain. A prior reviewer recommended that the requested surgical consultation was not medically necessary because it appeared that this might be a duplicate request since the prior surgical consult was approved. Additional information to clarify this has not been provided. Therefore, consistent with the prior review, the surgical consult at this time is not medically necessary but not on medical grounds but rather given the absence of clarifying information to avoid duplication in certification. Thus, at this time the request for a surgical consult should be considered not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0007996