

Case Number:	CM13-0015531		
Date Assigned:	10/09/2013	Date of Injury:	02/05/2013
Decision Date:	01/17/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/23/2013

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 Family Practice and is licensed to practice in Texas. 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. 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 patient is a 50-year-old female who reported a work-related injury on 02/05/2013 due to a fall at work in which the patient reportedly landed on her left arm, left knee and right hand. X-rays of the left elbow and left knee revealed no fracture and/or dislocation. The patient's diagnoses were listed as soft tissue contusion/sprain left knee, left elbow and right hand. Urine drug screen dated 09/05/2013 did not detect any medications in the patient. The patient has undergone conservative treatment to include rest, medications and physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of physical therapy (2x5) for the cervical spine and right shoulder: Upheld

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

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

Decision rationale: The most recent clinical documentation submitted for review stated that the patient complained of neck, right shoulder and arm pain. She also complained of her left knee pain. The patient continued to work modified duty. Physical exam revealed cervical paraspinals were tender to palpation with a mild spasm present. Extension was 40 degrees and rotation was

60 degrees to the right and left. Patchy sensory deficits were noted in the upper extremities. Right shoulder was tender about the biceps tendon as well as the acromioclavicular joint. Impingement sign was positive. Active abduction was 150 degrees and flexion was 150 degrees with passive abduction at 180 degrees. Examination of the left knee noted flexion at 100 degrees and extension at 0 degrees with no instability. McMurray maneuver was positive medially. The patient was noted to have failed conservative treatment to include rest, medications and greater than 10 physical therapy visits. It was recommended that the patient undergo an MRI scan of the cervical spine and right shoulder. California Chronic Pain Medical Treatment Guidelines indicate that 9 to 10 visits of physical therapy are recommended over 8 weeks for myalgia and myositis. The patient was noted to have completed over 10 sessions of physical therapy with no benefits. There is a lack of documentation presented noting the efficacy of the patient's previous physical therapy visits. There is also a lack of documentation noting the patient's significant functional deficits to warrant an additional 10 sessions of formal physical therapy visits. There was no evidence given the patient would not be able to minimize her remaining deficits in a home exercise program. As such, the request for 10 sessions of physical therapy (2x5) for the cervical spine and right shoulder is non-certified.

Tramadol 3.75/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-going management Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The most recent clinical documentation submitted for review stated the patient continued to complain of persistent neck, right shoulder and wrist pain. She continued to have significant pain and to be symptomatic. The patient continued to work and the ergonomic work station was yet to be authorized. The patient was noted to be having increased numbness in her right hand and a right wrist brace was recommended for the patient. It was noted that tramadol ER 150 mg #60, one to 2 every day would be utilized for pain along with diclofenac XR 100 mg, hydrocodone/APAP 10/325 mg, and Flexeril 7.5 mg. California Chronic Pain Medical Treatment Guidelines indicate there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects for patients taking opioids for pain management. There was a lack of documentation stating the patient's functional benefits which could be objectively measured due to the use of tramadol. Guidelines recommend the continued use of tramadol if there is functional improvement with medication use. There is also a lack of documentation noting the patient's satisfactory response to treatment which may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Given the above, the request for tramadol 3.75/325 mg #100 is non-certified.