MAXIMUS Federal Services

Case Number:	CM13-0050261		
Date Assigned:	04/09/2014	Date of Injury:	04/24/2012
Decision Date:	05/23/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/11/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 applicant is a represented [redacted] employee who has filed a claim for generalized osteoarthrosis involving the shoulder, adhesive capsulitis of the shoulder, biceps tendinitis, and chronic shoulder pain reportedly associated with an industrial injury of April 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; and extensive amounts of physical therapy over the life of the claim. In a Utilization Review Report of October 24, 2013, the claims administrator denied a request for 18 sessions of physical therapy. Somewhat incongruously, the claims administrator cited the MTUS Postsurgical Treatment Guidelines but then stated that the applicant was over a year removed from the date of surgery. The attending provider stated that it was unlikely that the applicant would improve with further treatment, at this point. The applicant's attorney subsequently appealed. A November 19, 2013 progress note is notable for comments that the applicant reported persistent shoulder pain status post shoulder arthroscopy in July 2012, 8-9/10. The applicant presents to obtain a shoulder subacromial corticosteroid injection. A physical therapy progress note of November 19, 2013 suggested that the applicant's shoulder condition was chronic and that the prognosis was poor. Physical therapy was not helping. The treating provider wrote that there was no indication for continued therapy. The applicant was given a shoulder corticosteroid injection. It was stated that the applicant's adhesive capsulitis was essentially resolved. Tramadol, home exercises, and a 30-pound lifting limitation were endorsed. It is unclear whether the applicant's employer was able to accommodate the restriction or not. In an earlier note of October 2, 2013, the applicant presented with an extremely high pain level, 9/10. The applicant's pain was interfering with activities of daily living, it was stated. Additional physical therapy, shoulder corticosteroid injection, tramadol, and an unchanged 30-pound lifting limitation were endorsed on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: The 18-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that there must be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no such demonstration of functional improvement to date. The applicant's work status and work restrictions are unchanged from visit to visit. The applicant does not appear to be working. The applicant's physical impairment about the shoulder is unchanged. Both the applicant's treating provider and treating therapist have ultimately concluded that further therapy will not be beneficial as the applicant has essentially plateaued. For all of the stated reasons, then the request is not certified, on Independent Medical Review.

90 TRAMADOL 50MG WITH TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS TOPIC Page(s): 80.

Decision rationale: Tramadol is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the aforementioned criteria have not seemingly been met. The applicant continues to report high levels of pain, 8-9/10, despite ongoing tramadol usage. The applicant has failed to achieve any reduction in work restrictions as a result of ongoing tramadol usage. The applicant has failed to return to work. There is no evidence that the applicant's ability to perform activities of daily living has been ameliorated as a result of ongoing tramadol usage. For all of the stated reasons, then the request is not certified.