

Case Number:	CM13-0065228		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2013
Decision Date:	04/03/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 2/1/13. A utilization review determination dated 12/2/13 recommends non-certification of physical therapy and Tramadol. Gabapentin was certified. 11/18/13 PR-2 identifies pain in the neck to the shoulder and into the upper back. On exam, there is tenderness in the cervical spine and shoulder and increased pain with ROM of the left shoulder. Treatment plan includes PT 3 x 6, Tramadol, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT), Neck and left shoulder three (3) times a week for six (6) weeks:
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): Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for Physical Therapy (PT), Neck and left shoulder three (3) times a week for six (6) weeks, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to

maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. There is no documentation of any significant functional deficits or why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested Physical Therapy (PT), Neck and left shoulder three (3) times a week for six (6) weeks is not medically necessary.

Tramadol 50mg q 6 hrs. #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 of 127.

Decision rationale: Regarding the request for Tramadol 50mg q 6hrs #90, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Tramadol 50mg q 6hrs #90 is not medically necessary.