

Case Number:	CM13-0071396		
Date Assigned:	01/10/2014	Date of Injury:	10/29/2012
Decision Date:	06/05/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 49 year old female who reported an injury on 10/19/2012 secondary to a tube falling on her left shoulder. The clinical note dated 12/04/2013 showed the injured worker reported low back pain with neuropathic pain and her left should felt close to 70% improvement following surgery. Upon physical exam, of the left shoulder, there was negative Neer's, Hawkin's, Obrien's and Speed's test. There was 4/5 resisted abduction strength and 4/5 resisted external rotation strength. The left shoulder range of motion was noted 120 degrees abduction and 130 degrees forward flexion. The injured worker's diagnoses included left shoulder post arthroscopy, subacromial decompression, and AC joint resection, and mild rotator cuff tendinitis left shoulder. The treatment was continued therapy 3x6 weeks and medications that included Omeprazole, Odansetron, Tramadol, and a referral for pain management. The request for authorization was submitted on 01/03/2014. A clear rationale for request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

Decision rationale: The request for Tramadol ER 150mg is not medically necessary. The injured worker has a history of shoulder pain and shoulder surgery, although there is no date of surgery noted within the documentation provided for review. The CA MTUS Guidelines state Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. The clinical notes show the injured worker has been taking Tramadol since approximately October, 2013; however, there is a lack of documentation indicating the injured worker had significant quantifiable objective functional improvement with the medication. The requesting physician did not include an adequate and complete assessment of the injured worker's pain. In addition, there is no quantity for the proposed treatment. Therefore, the request for Tramadol ER 150mg is not medically necessary.

PT 18 VISITS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The request for PT 18 visits for the left shoulder is not medically necessary. The injured worker has a history of shoulder pain and shoulder surgery, although there is no date of surgery noted within the documentation provided for review. According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. The clinical information submitted stated previous physical therapy was completed, although the documentation failed to provide details regarding her previous treatment, including the number of visits completed and objective functional gains made. In addition, the most recent clinical note provided failed to show evidence of current functional deficits. Therefore, as the guidelines support 9-10 visits to promote functional improvement, in the absence of current functional deficits and details regarding previous physiotherapy treatment, the request is not supported. Therefore, this request is not medically necessary.