

Case Number:	CM14-0109294		
Date Assigned:	08/01/2014	Date of Injury:	02/26/2012
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/14/2014

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 Nevada. 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 records presented for review indicate that this 51-year-old female was reportedly injured on February 26, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of cervical spine pain radiating to the shoulders in the back as well as right shoulder pain. The physical examination demonstrated tenderness along the cervical spine and right shoulder. There were muscle spasms along the cervical spine and upper back and positive cervical compression test was noted. The physical examination of the right shoulder noted a positive Hawkins test and Neer's test. There was decreased range of motion of the right shoulder. Diagnostic imaging studies of the cervical spine revealed a disc protrusion at C2 - C3, C3 - C4, C4 - C5, C5 - C6, and C-5 - C7 which all impress upon the thecal sac. Previous treatment includes a right shoulder steroid injection. A request had been made for tramadol and extracorporeal shock wave therapy for the right shoulder and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127..

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Extracorporeal shockwave therapy to right shoulder quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal Shock Wave Therapy, Updated August, 2014

Decision rationale: The Official Disability Guidelines support the use of ESWT for including calcifying tendinitis of the shoulder but not for other shoulder disorders. As the injured employee has not been diagnosed with calcific tendinitis of the shoulder, this request for extracorporeal shock wave therapy for the right shoulder is not medically necessary.