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| Case Number: | CM14-0015214 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 01/13/2009 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/06/2014 |

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 Orthopedic Surgery 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 employee is a 59-year-old gentleman who had an unknown mechanism of injury to his left shoulder on January 13, 2009. The injured employee underwent left shoulder surgery on July 26, 2013. The injured employee has a history of left shoulder surgery, right shoulder surgery, and left knee surgery x 2. After completing 22 visits of postoperative physical therapy the injured employee was seen on December 30, 2013, and stated that physical therapy has helped decrease his left shoulder pain, increase his range of motion, and increase his ability to participate in activities of daily living. The physical examination on this date noted some slightly decreased left shoulder range of motion due to pain. There was also tenderness over the bilateral trapezius and rhomboid muscles. Specialty shoulder tests including impingement tests, drop arm tests, Neer's test, Hawkin's test, and O'Brien's test are all reported to be negative. Shoulder strength with abduction and flexion was stated to be 5-/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY TO TREAT THE LEFT SHOULDER TWO TIMES PER WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter, Surgery for Rotator Cuff Repair Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: The injured employee has already participated in physical therapy with excellent progress with increased motion, decreased pain, and increased ability to participate in everyday activities. The California chronic pain medical treatment guidelines chapter on physical treatments and modalities recommends 24 visits of postoperative physical therapy for a rotator cuff repair. After the extensive physical therapy that the injured employee has participated in, it is unlikely that additional gains could be made with formal therapy that cannot be made with home treatment. Therefore the request for additional postoperative physical therapy to treat the left shoulder two times per week for four weeks is not medically necessary.

RELAFEN 750 MG #90, AS DISPENSED 12/30/13: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 21.

Decision rationale: The California MTUS chronic pain medical treatment guidelines do not recommend long-term usage of anti-inflammatory medications as there may be potential complications and side effects. It has been nearly one year since the injured employee has had left shoulder surgery and there should be no additional need for continued anti-inflammatory medications at this time. Therefore, the request for relafen 750 mg #90, as dispensed 12/30/13 is not medically necessary.

TRAMADOL 150 MG #60 AS DISPENSED 12/30/13: 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 Opioids for Chronic Pain page 86, Specific Drug List Page(s): 91.

Decision rationale: It has been one year since the date of the injured employee's left shoulder surgery. According to the California MTUS chronic pain medical treatment guidelines, the use of analgesic medications such as Tramadol should no longer be necessary. There is no indication in the most recent physical examination for the use of this medication for pain control and as previously stated the injured employee has progressed well with physical therapy. Therefore, the request for tramadol is not medically necessary.

URINE TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the request for continued use of tramadol is not medically necessary, so is the additional request for urine toxicology screen as the injured employee will no longer be prescribed narcotic medications. Therefore, the request for urine toxicology screen is not medically necessary.