MAXIMUS Federal Services

Case Number:	CM14-0018565		
Date Assigned:	04/18/2014	Date of Injury:	03/25/2013
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 patient is a 47-year-old male who was injured on 03/25/2013 while lifting something heavy. The patient underwent a right shoulder manipulation under anesthesia, right shoulder arthroscopy, right shoulder anterior inferior labral repair; right shoulder glenohumeral synovectomy; right shoulder debridement; rotator cuff; right shoulder subacromial decompression, and right shoulder biceps long head tenodesis on 09/16/2013. Diagnostic studies reviewed include MRI of the right shoulder dated 07/08/2013 demonstrates 1) Extensive SLAP IV lesion of the right glenoid labrum extending from the 9:00 to the 1:00 position to the biceps anchor; this is involving the biceps tendon which is nearly completely disrupted 2) Mild tendinopathy of the supraspinatus tendon the right shoulder 3) Mild inflammatory arthropathy of the right acromioclavicular joint with inferior osteophytic spurring which is causing mild impingement at the musculotendinous junction of supraspinatus. XR sinus limited pre-screening MRI dated 07/03/2013 show no radiopaque foreign body in or around the orbits. PR-2 dated 01/13/2014 indicates the patient presents with right shoulder pain and tightness. He has four therapies remaining of the original 24 post-op therapies authorized. His shoulder pain is improving. However, he does have tightness. Objective findings on exam revealed well-healed portal incisions. Passive range of motion, forward flexion is 110 degrees, abduction of 100 degrees, external rotation to 15 degrees; internal rotation to 10 degrees; Muscle strength testing with forward flexion/abduction is 4/5. The impression is rotator cuff debridement, labral repair, and long head of the biceps tenodesis. The treatment and plan is for him to complete his therapy and his tramadol is renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY X 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: According to CA MTUS guidelines, physical therapy (PT) is recommended post-surgically in this case for 24 visits with a treatment period of 6 months. The medical records document that the patient was approved for 24 physical therapy sessions post-operatively already. The patient should be able to transition to an active home exercise program at this point. The medical records to do not support the additional post-operative physical therapy in excess of guideline recommendations. No provider rationale is provided. In the event additional therapy would be expected to provide functional benefit, a shorter course of therapy may be indicated. Medical necessity is not established for an additional 20 physical therapy visits.

TRAMADOL 50MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to CA MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system. For the on-going management of pain with opioids, the guidelines state, "appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The four A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". The available medical records indicate that the patient has been prescribed opioids for pain control since August 2013 at least (according to the report dated 08/09/2013), but there is no available pain assessment showing the patient's response to his pain medications. There is no documentation of functional improvement attributable to chronic tramadol use. There are no long-term studies to allow for recommendation

of use longer than 3 months. The medical necessity of Tramadol 50mg #90 has not been established.