

Case Number:	CM14-0152145		
Date Assigned:	09/22/2014	Date of Injury:	09/02/2008
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Interventional Spine 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 79-year-old with an injury date on 9/2/08. Patient complains of aggravated right shoulder pain which is "now intractable" and varies from 7/10 with medications and 1/10 without medications per 8/21/14. Patient states her depression is rated 5/10, and she is not working currently per 8/21/14 report. Based on the 8/21/14 progress report provided by [REDACTED] the diagnoses are: 1. injury of right shoulder with internal derangement 2. Abnormal MRI of right shoulder showing complete rotator cuff tears Exam on 8/21/14 showed "C-spine range of motion: severely reduced with flexion at 50, extension at 40. Range of motion of right shoulder moderately decreased in all planes." Patient's treatment history includes a right shoulder subacromial injection in May 2014 which improved her shoulder pain per 5/23/13 report. [REDACTED] is requesting tramadol/APAP 37.5/325mg #90, and aquatic therapy exercises twice weekly quantity: 12. The utilization review determination being challenged is dated 9/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/25/13 to 8/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol. Opioidsspecific drug Opioids for neuropathic pain Page(s): 113, 93, 94, 82,.

Decision rationale: This patient presents with right shoulder pain. The treater has asked for tramadol/APAP 37.5/325mg #90 on 8/21/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a 50% decrease in pain with current medications which include Tramadol, but there are no discussions of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Therefore, Tramadol/APAP 37.5/325mg #90 is not medically necessary.

Aquatic therapy exercises, twice weekly QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: This patient presents with right shoulder pain. The treater has asked for aquatic therapy exercises twice weekly quantity: 12 on 8/21/14. Review of the reports does not show any evidence of aquatic therapy being done in the past. Regarding aquatic therapy, MTUS states: "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, the patient was approved for land-based physical to begin 5/30/13 per 5/23/13 report, but the included reports do not mention physical therapy or its effectiveness. In addition, the reports do not show this patient presents with any condition that requires reduced weight bearing, such as obesity. The requested aquatic therapy exercises twice weekly quantity: 12 is not indicated at this time. Therefore, Aquatic therapy exercises, twice weekly QTY: 12 is not medically necessary.