

Case Number:	CM14-0156252		
Date Assigned:	09/25/2014	Date of Injury:	03/13/2013
Decision Date:	10/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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 Louisiana. 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 52 year old female who was injured on 03/13/2013. The mechanism of injury is unknown. Prior treatment history has included cervical epidural steroid injection bilaterally at C5-7 which provided 50-80% improvement in pain. The patient underwent arthroscopy of the left shoulder with a biceps tendon tenodesis; subacromial bursectomy, partial synovectomy, and removal of loose bodies with intra-articular injection of the left shoulder on 07/08/2014. Diagnostic studies reviewed include MRI of the left hand dated 08/08/2014 revealed moderate first carpometacarpal joint osteoarthritis as demonstrated by segmental moderate to severe joint space narrowing with subchondral bone cysts, marrow edema and significant subluxation; Flexor tendons are intact as well as pulleys and volar plates. Pain medicine re-evaluation note dated 08/01/2014 states the patient presented with complaints of neck pain and low back pain. She rated her pain as 5-6/10 with medications and 8-9/10 without medications. Her activities of daily living are limited by her pain. On exam, there was tenderness to palpation of the cervical spine at C4-7 and bilaterally occipital regions. Range of motion was limited with flexion at 40 degrees; extension at 30 degrees; bilateral rotation at 60 degrees. She had decreased strength in bilateral upper extremities at C6 dermatomal level. She is diagnosed with cervical radiculopathy, bilateral shoulder pain and headaches. Prior utilization review dated 09/16/2014 states the requests for 1 prescription of Tramadol HCL 50mg #60; 1 x-ray of the right knee (3 views); 1 x-ray of the right tibia (2 views); 1 x-ray of the left shoulder (2 views); 1 x-ray of the left humerus (2 views); 1 x-ray of the left hand (3 views); 1 x-ray of the left wrist (3 views); 1 x-ray of the left cervical spine (5 views) are not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol HCL 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioids are recommended as the standard of care for treatment of moderate to severe pain for short-term use. Opioids should not be attempted until other non-opioid analgesics have failed to provide adequate relief. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. The supporting documentation indicated a total knee replacement with improvement, a cervical spine epidural steroid injection with noted improvement, a shoulder surgery with noted improvement, and medication reduction. In this case, there is a sustainable with improvement since the surgeries and does not appear to have failure of other non-opioid analgesics to support the necessity of Tramadol therefore, the request is not medically necessary.

1 x-ray of the right knee (3 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Radiography (X-rays)

Decision rationale: Based on the Official Disability Guidelines, X-ray imaging are recommended if fracture is considered and if there is prior trauma with focal patellar tenderness and effusion. In this case, there is no supporting documentation of recent physical examination findings and post injury/post-surgery x-ray images showed excellent alignment of the total knee arthroplasty therefore, the request is not medically necessary.

1 x-ray of the right tibia (2 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Radiography (X-rays)

Decision rationale: Based on the Official Disability Guidelines, X-ray imaging are recommended if fracture is considered and if there is prior trauma with focal patellar tenderness and effusion. In this case, the supporting documentation indicated tibia x-rays post injury/ post-surgery that showed excellent alignment of the total knee arthroplasty and there is no documentation of recent fracture or focal patellar tenderness. Therefore, this request is not medically necessary.

1 x-ray of the left shoulder (2 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Radiography

Decision rationale: According to the Official Disability Guidelines, acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. The guidelines recommend the use of x-rays if AC joint separation is suspected, if neurovascular compression symptoms are present, in cases of acute shoulder trauma to rule out fracture or dislocation and where there is questionable bursitis. In this case, the supporting documentations indicated healing of the left shoulder and humerus from prior post-surgical x-ray images therefore, this request does not meet the guideline recommendation and is not medically necessary at this time.

1 x-ray of the left humerus (2 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Radiography

Decision rationale: According to the Official Disability Guidelines, acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. The guidelines recommend the use of x-rays if AC joint separation is suspected, if neurovascular compression symptoms are present, in cases of acute shoulder trauma to rule out fracture or dislocation and where there is questionable bursitis. In this case, the supporting documentations indicated healing of the left shoulder and humerus from prior post-surgical x-ray images therefore, this request does not meet the guideline recommendation and is not medically necessary at this time.

1 x-ray of the left hand (3 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Radiography

Decision rationale: According to the Official Disability Guidelines, acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. The guidelines recommend the use of x-rays if AC joint separation is suspected, if neurovascular compression symptoms are present, in cases of acute shoulder trauma to rule out fracture or dislocation and where there is questionable bursitis. In this case, the supporting documentations indicated healing of the left shoulder and humerus from prior post-surgical x-ray images therefore, this request does not meet the guideline recommendation and is not medically necessary at this time.

1 x-ray of the left wrist (3 views): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Radiography

Decision rationale: Based on the Chronic Pain Medical Guidelines, X-rays are recommended for most patients with known or suspected trauma of the hand, wrist, or both. In cases of chronic wrist pain, an initial study maybe warranted in patients with chronic wrist pain with or without prior injury when there is no specific area of pain specified. The Guidelines indicate that an initial study maybe warranted in patients with chronic wrist pain with or without prior injury when there is no specific area of pain specified, which appears to be the case in this situation. Therefore, the request is medically necessary as indicated from priorutilization.

1 x-ray of the left cervical spine (5 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Radiography

Decision rationale: According to the Official Disability Guidelines, X-rays are recommended following cervical spine trauma, as a first study in patients with chronic neck pain, and to evaluate the status of fusion post surgically. In general repeat imaging is only recommended when there are signs and symptoms suggestive of red flag conditions. The supporting documentation indicated prior cervical spine MRI/X-ray imaging following the injury and there is no documentation of signs and symptoms of red flag conditions to support the necessity for repeat imaging therefore, this request is not medically necessary at this time.