

Case Number:	CM14-0173501		
Date Assigned:	10/27/2014	Date of Injury:	07/25/2013
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/21/2014

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:

61-year-old male claimant with an industrial injury dated 07/25/13. The patient is status post orthopedic surgery of the right coracoclavicular reconstruction anatomic, superior acromioclavicular reconstruction as of 05/08/14, and left partial medial meniscectomy and chondroplasty as of 11/19/13. Exam note 10/01/14 states the patient returns with no significant complaints. The patient rates the pain a 6/10 but reports increasing function and decreased pain. Upon physical exam the patient demonstrated no misalignment, atrophy, erythema, induration, swelling or warmth. Range of motion is noted as forward flexion of 140 degrees, external rotation 0-40 degrees, and internal rotation of 0 degrees of the T-Spine. The patient completed a negative impingement sign test, and a negative shrug sign. Motor strength is noted as a 5/5. There was no tenderness surrounding the AC joint. Treatment included physical therapy and the prescription of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 6 Post-Op Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

Decision rationale: Per the CA MTUS Post-Surgical Treatment Guidelines, Shoulder, pages 26-27 the recommended amount of postsurgical treatment visits allowable are: Acromioclavicular joint dislocation (ICD9 831.04): AC separation, type III+: 8 visits over 8 weeks, Postsurgical physical medicine treatment period: 6 months. In this case the exam note from 10/1/14 has insufficient evidence of functional improvement with prior visits or reason why a home based program cannot be performed to warrant further visits. Therefore, this request is not medically necessary.

One Prescription of Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records dated 10/1/14 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary.