

Case Number:	CM14-0180493		
Date Assigned:	11/05/2014	Date of Injury:	07/31/2003
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 58 year old female who was injured on 7/31/2003. She was diagnosed with right shoulder rotator cuff tear, bilateral shoulder pain, shoulder bursitis/tendinitis, and left elbow strain. An MRI of the right shoulder in 2003 showed moderate supraspinatus tendinopathy/partial tear, mild degenerative changes of the AC joint and glenohumeral joint, and mild fluid in the subacromial bursa. She was treated with multiple surgeries (right shoulder), physical therapy, trigger point injections, and medications, but continued to experience bilateral shoulder pain. The worker complained off and on of worsening right shoulder pain related to overuse. On 10/8/2014. She was seen by her treating physician's assistant for a follow-up, complaining of left and right shoulder pain rated at 7/10 on the pain scale. The right shoulder pain had been worsening over the prior month to the point of waking her up at night, but does not remember any specific incident that brought it on. She reported taking Percocet and tramadol for her chronic pain without any reported side effects. Physical examination findings included decreased range of motion of the right shoulder, with positive apprehension test, positive impingement test, positive supraspinatus test, and pain with range of motion testing all on the right shoulder, but not the left. She was then recommended to have a right shoulder MRI in order to assess for re-rupture, have an injection in the right subacromial bursa, and continue Percocet and Tramadol as previously taken on a regular basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would test such as MRI is helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems). 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. Failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as, in a case of a full thickness tears not responding to conservative treatment. In the case of this worker who seems to have had an exacerbation of her chronic right shoulder pain over the prior month, there was no report of red flag signs or symptoms that would have warranted MRI imaging straight out. The provider requested the MRI, however, to assess for re-injury and viability since her last surgery in her right shoulder. However, since this may only be an exacerbation similar to previous ones, a trial of conservative care for at least 4-6 weeks, would be indicated as a first step before considering MRI in this worker. There was no evidence in the documentation suggesting she was treated beyond her usual medications and activities which would be considered "conservative care" for this exacerbation, which might include activity modification, physical therapy, change in medication, etc. Therefore, the right shoulder MRI is not yet warranted based on the evidence shown in the documentation and will be considered not medically necessary.

1 subacromial bursa injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section, Steroid injections

Decision rationale: The MTUS ACOEM Guidelines state that shoulder corticosteroid injections are recommended as part of a treatment plan for rotator cuff inflammation, impingement syndrome, or small rotator cuff tears. The MTUS suggests up to 2-3 injections maximum over an

extended period of time, and does not recommended prolonged or frequent injections beyond this number. The ODG states that the criteria for considering corticosteroid injections include: 1. Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement, 2. not controlled adequately by conservative treatments (physical therapy/exercise, NSAIDs, or acetaminophen) after at least 3 months, 3. Pain interferes with functional activities, 4. Intended for short-term control of symptoms to resume conservative medical management, 5. To be performed without fluoroscopic or ultrasound guidance, 6. Only one injection should be scheduled to start (rather than 3), 7. A second injection is not recommended if the first has resulted in complete resolution of symptoms or if there was no response to the first, 8. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option (limited up to three total per joint). In the case of this worker, an injection in her right shoulder would be premature considering her recent flare-up of the last month or so without sufficient conservative care. There was no evidence to suggest the provider had suggested this conservative care (NSAIDs, physical therapy, restricted activity, etc.) beyond her chronic medication use. Therefore, the right subacromial injection is not medically necessary.

1 prescription of Percocet 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was no documented report showing this full review was completed with the worker at the time of the request for renewal of this medication. No evidence was shown describing functional benefit with the Percocet, or for the tramadol, which would be required in order to justify continuation of either of these medications moving forward. Without this documented evidence of benefit, the Percocet is not medically necessary.

1 prescription of Tramadol HCL #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was no documented report showing this full review was completed with the worker at the time of the request for renewal of this medication. No evidence was shown describing functional benefit with the Percocet, or for the tramadol, which would be required in order to justify continuation of either of these medications moving forward. Without this documented evidence of benefit, the tramadol is not medically necessary.