

Case Number:	CM14-0021611		
Date Assigned:	05/05/2014	Date of Injury:	03/23/2007
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The injured worker is a 67-year-old female who reported an injury on 05/23/2007. The mechanism of injury is not provided within the documentation. The injured worker was noted to have prior treatment of TENS unit and medications. The injured worker had diagnoses of cervical spine strain, lumbar spine disc disease, status post left shoulder surgery with residuals, right shoulder compensatory pain, and right knee sprain/strain. There is a Primary Treating Physician's Progress Report dated 09/30/2013, which indicates that the injured worker complained of pain in both shoulders with limited motion and strength. The injured worker's objective findings were negative Neer's test, negative Hawkins test, negative O'Brien's test, negative Speed's test, negative tuberosity tenderness, negative tenderness over the biceps tendon, negative crepitus, negative acromioclavicular (AC) joint tenderness, negative AC joint compression test, negative crossover test, and negative apprehension test. It is noted that the neurovascular status was intact. There was resistance noted with abduction strength 4/5 and resistance with external rotation strength was 4/5. The injured worker had a negative arm drop test, negative scapular winging, negative weakness of serratus anterior, and negative sulcus sign. The range of motion for the left shoulder included abduction which was normal 170 degrees, forward flexion was normal of 170 degrees, internal rotation was normal of 60 degrees, and external rotation was normal at 80 degrees. The treatment plan was for left shoulder manipulation under anesthesia and medication refills. The request for authorization for medical treatment is dated 03/26/2014. The provider's rationale for the request was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC XR 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list and adverse effects Page(s): 71.

Decision rationale: It is indicated in the injured worker's clinical evaluation that diclofenac extended release 100 mg is ordered for anti-inflammatory pain. The Chronic Pain Guidelines recommend diclofenac for anti-inflammatory pain. However, the provider failed to indicate a frequency within the request. Therefore, the request for diclofenac extended release 100 mg #30 is not medically necessary.

LEFT SHOULDER ARTHROSCOPY WITH MANIPULATION UNDER ANESTHESIA (MUA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, SHOULDER CHAPTER, MANIPULATION UNDER ANESTHESIA (MUA) AND SURGERY FOR ADHESIVE CAPSULITIS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-212.

Decision rationale: The MTUS/ACOEM Guidelines provide criteria for surgical considerations of shoulder complaints. The guidelines indicate that surgical considerations depend on the working or imaging-confirmed diagnoses of the presenting shoulder complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and expectations, in particular, is very important. The guidelines also indicate that if there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. The documentation for review lacks the recommended criteria for surgery. As such, the request for left shoulder arthroscopy with manipulation under anesthesia is not medically necessary.

TRAMADOL EXTENDED-RELEASE (ER) 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

Decision rationale: The Chronic Pain Guidelines indicate tramadol as an emerging fourth class of opiate analgesics that may be used to treat chronic pain. Although the injured worker has pain, the request from the provider does not indicate a frequency. The efficacy of the medication was not provided to support continuation. Therefore, the request for tramadol extended release 150 mg #30 is not medically necessary.