

Case Number:	CM14-0029421		
Date Assigned:	03/19/2014	Date of Injury:	09/24/2013
Decision Date:	05/22/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/07/2014

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 Pennsylvania. 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:

This claimant is a 47-year-old female who was injured September 24, 2013. Clinical records in this case indicate a left shoulder injury, for which she has been authorized for a left shoulder rotator cuff repair given clinical findings, imaging, and failed measures to date. Specific to her postoperative course of care, there are specific requests for Flexeril, Ultram, and a continuous passive motion (CPM) device.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS PASSIVE MOTION (CPM) DEVICE POST OPERATIVE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Treatment In Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure - Continuous Passive Motion (CPM).

Decision rationale: MTUS guidelines are silent. When looking at Official Disability Guideline criteria, a continuous passive motion device for postoperative use following shoulder rotator cuff repair would not be indicated. Official Disability Guidelines does not support the role of

continuous passive motion devices in the postoperative setting of shoulder procedures. The specific request for the device at this stage in the claimant's clinical course of care would not be medically necessary.

FLEXERIL 7.5 QTY 390 1 BY MOUTH THREE TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Cyclobenzaprine (Flexeril®).

Decision rationale: MTUS guidelines would not support the acute need of Flexeril, a muscle relaxant, following rotator cuff repair procedures. Clinical guidelines indicate the role of muscle relaxants for acute spasm in the musculoskeletal setting. Absence of documentation of spasm in this case would fail to necessitate its need at this time.

ULTRAM ER 150MG QTY #30 1 BY MOUTH EVERY DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram) Page(s): 91-94.

Decision rationale: MTUS guidelines also would not support the continued role of Ultram. Clinical records indicate the claimant utilizing short-acting narcotics. The continued role of this narcotic analgesic in the postoperative setting given the claimant's current clinical presentation and surgical process to be performed would not be medically necessary.