

Case Number:	CM14-0190776		
Date Assigned:	11/24/2014	Date of Injury:	07/09/2013
Decision Date:	01/12/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/14/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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 52year old female with a date of injury of 7/9/13 with related left shoulder pain. Per progress report dated 9/15/14, the injured worker complained of pain in the left shoulder rated 7/10 which was mostly burning. The injured worker was status post anterolateral acromioplasty with resection of coracoacromial ligament, extensive debridement of subacromial bursa and rotator cuff left shoulder, partial resection of the distal end of the left clavicle, resection of adhesion of the supraspinatus tendon left shoulder, and intra-articular injection left shoulder 9/3/14. Per physical exam, the patient had well healed arthroscopic portal incisions with two sutures intact. Treatment to date has included physical therapy, surgery, and medication management. The date of UR decision 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 refills 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 93-92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: As the request was for post-operative acute pain following the injured worker's left shoulder surgery, the chronic pain guidelines do not apply. I respectfully disagree with the UR physician's denial. The request is medically necessary.