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| Case Number: | CM15-0004024 | | |
| Date Assigned: | 01/15/2015 | Date of Injury: | 04/22/2010 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 60-year-old male, with a reported date of injury of 04/22/2010. The diagnoses include right cervical radiculopathy, postoperative right shoulder arthroscopy, and right shoulder arthropathy and rotator cuff tear. Treatments have not been documented in the medical records provided for review. The progress report dated 11/26/2014 indicates that the injured worker had worsening neck pain radiating to the right shoulder blade and trapezius. The objective findings include right shoulder impingement and cervical range of motion impaired with guarding. The treating physician requested Tramadol for pain, eight (8) visits of physical therapy for right shoulder pain and flaring neck pain, and an MRI of the right shoulder to reassess postoperative arthropathy, disc herniation, and canal stenosis. On 12/08/2014, Utilization Review (UR) denied the request for eight (8) physical therapy sessions for the right shoulder, and an MRI of the right shoulder. The UR modified the request for Tramadol 50mg #60. The UR physician noted that there was limited evidence of significant functional gains and decreased pain intensity; no documentation of a significant change in symptoms and/or findings suggestive of significant pathology; and no documentation of close monitoring. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request is considered not medically necessary. The patient had already had physical therapy without documentation of the number of visits. The maximum recommended number of visits according to MTUS guidelines is 10 visits for myalgias and neuralgias. There was also no documentation of improvement in pain or function. At this point, the patient should adept at a or be transitioned to a home exercise program. Therefore, the request is considered not medically necessary.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, MRI

Decision rationale: The request is considered not medically necessary. Because MTUS does not address shoulder MRIs, ODG guidelines were used. ODG states that a shoulder MRI is indicated for acute shoulder trauma, rotator cuff tear/impingement, or if instability and labral tears were suspected. In the chart, there is no documentation of significant progression of exam findings or symptoms that would require additional imaging. MRI is not recommended unless symptoms and findings suggest significant pathology. Therefore, the request is considered not medically necessary.

Tramadol 50mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management; Weaning of Medications Page(s): 94-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. It is unclear by the chart how often the patient requires the use of opiates for pain

relief. There was no documentation of improvement in pain or function. Because of these reasons, the request for Tramadol is not considered medically unnecessary.