

Case Number:	CM15-0102674		
Date Assigned:	06/05/2015	Date of Injury:	10/14/2010
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: Ohio, North Carolina, Virginia
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:

This 47 year old man sustained an industrial injury on 10/14/2010. The mechanism of injury is not detailed. Diagnoses include left shoulder surgical repair, right shoulder strain/sprain with impingement, bilateral elbow, and right wrist tendinitis and carpal tunnel syndrome. Treatment has included oral medications. Physician notes dated 5/4/2015 show complaints of right shoulder pain. Recommendations include surgical consultation, continue home exercise program, physical therapy, acupuncture, activity modification, right shoulder injection, right shoulder ultrasound, Tramadol, Ultram, Naproxen, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: The injured worker has had chronic right shoulder pain as a consequence of continuous trauma. The physical examination has been consistent with an impingement syndrome as evidenced by a positive cross arm test and very limited range of motion. Per the CA MTUS, surgery for impingement syndrome is usually arthroscopic decompression. This procedure is not indicated for patients with mild symptoms or those who have no activity limitations. Conservative care, including cortisone injections, can be carried out for at least three to six months before considering surgery. Because this diagnosis is on a continuum with other rotator cuff conditions, including rotator cuff syndrome and rotator cuff tendinitis, also refer to the previous discussion of rotator cuff tears. Because she has failed the conservative measures of physical therapy and medication, a surgical referral is medically necessary and appropriate.

120 Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definition of functional improvement and Opioids Page(s): 1, 74-96.

Decision rationale: Those prescribed opioids such as Tramadol chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Those with pain relief and functional improvement and/or have regained employment may generally have the opioids continued. In this instance, the injured worker has chronic bilateral shoulder pain. The chart notes indicate pain relief with the medication and state that the injured worker can go grocery shopping and does not require assistance to bathe. The chart notes, while indicating a present level of functionality, do not describe how functionality has changed over time or whether there have been functional improvements as a consequence of the medication. The chart notes do not provide any recent urine drug screening results. The notes also state that the injured worker has been taking one Tramadol tablet a day, and yet the requested quantity of medication continues to be #120, an amount that would seem inconsistent with her appointment frequency. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In view of the above discussion, Tramadol #120 is not medically necessary and appropriate in accordance with the guidelines referenced. Therefore, the request is not medically necessary.