

Case Number:	CM15-0145748		
Date Assigned:	08/06/2015	Date of Injury:	04/19/2013
Decision Date:	09/03/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male who sustained an industrial injury on 4-19-13 from a trip and fall landing on his hands and knees. He was medically evaluated, had x-rays of his right knee and shoulder, had his wounds cleaned and sutured and was given medication. He had an MRI of the right shoulder, which revealed a rotator cuff tear. He had surgery on 7-31-13. He currently had improved motion after completing 15 sessions of physical therapy but quick and forceful movements increase symptoms. On physical exam of the right shoulder, there was tenderness to palpation, impingement test and Cross Arm tests elicit pain, decreased range of motion and pain with range of motion. Medications were Norco, Motrin, Norflex. Diagnoses include cervical spine musculoligamentous sprain, strain with history of upper extremity radiculitis; status post right shoulder arthroscopy and rotator cuff repair (7-31-13); right knee contusion, sprain, strain, laceration, right elbow wrist, thumb contusion, sprain, laceration; status post arthroscopic right rotator cuff repair, right shoulder subacromial decompression, distal clavicle resection, extensive debridement superior labrum anterior on posterior tear (3-11-15). Treatments to date include post-operative physical therapy 18 sessions which provided benefit in restoring range of motion and strength but when therapy was finished his right shoulder hurt more; chiropractic treatments; transcutaneous electrical nerve stimulator unit; ice; home exercise program. In the progress note dated 6-16-15 the treating provider's plan of care includes requests for additional post-operative therapy 2 times per week for 6 weeks to the right shoulder; Ultram 50 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder post-op physical therapy 2 x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work-related injury in April 2013 and underwent right rotator cuff revision arthroscopic surgery in March 2015 with labral debridement followed by 24 post-operative therapy treatments as of 06/08/15. When seen, there was decreased range of motion. Cross arm, testing was positive. There was acromioclavicular joint tenderness and shoulder weakness. Additional physical therapy was requested. Physical therapy following the surgery performed would be expected to consist of up to 24 treatments over a 14-week period of time. In this case, the claimant has completed the usual number of treatments. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The requested additional physical therapy was not medically necessary.

Ultram (Tramadol) 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in April 2013 and underwent right rotator cuff revision arthroscopic surgery in March 2015 with labral debridement followed by 24 post-operative therapy treatments as of 06/08/15. When seen, there was decreased range of motion. Cross arm testing was positive. There was acromioclavicular joint tenderness and shoulder weakness. Additional physical therapy was requested. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.