

Case Number:	CM15-0149504		
Date Assigned:	08/12/2015	Date of Injury:	03/31/2007
Decision Date:	09/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/31/2015

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 63 year old female, who sustained an industrial injury on March 31, 2007. Treatment to date has included trigger thumb release, work restrictions, psychiatric care, anti-depressant medications, occupational therapy, pain medications, and status post right shoulder arthroscopic capsular release, biceps tenodesis, massive rotator cuff repair with revision of subacromial decompression on March 25, 2015. Currently, the injured worker complains of continued right shoulder pain with pain and numbness in the right wrist and hands. She rates her right shoulder pain a 7 on a 10-point scale without the use of medications and a 5 on a 10-point scale with medications. She rates her right wrist and hand pain an 8 on a 10-point scale without medications and a 7 on a 10-point scale with medications. On physical examination the injured worker has tenderness to palpation over the acromion, deltoid bursa, acromioclavicular joint, coracoid, lesser and greater tuberosities, trapezius musculature, posterior shoulder musculature and the supraspinatus and infraspinatus musculature. She has decreased sensation over the right median ulnar nerves and her right shoulder range of motion is decreased. She has positive Tinel's sign at both the carpal and cubital tunnels on the right. The diagnoses associated with the request include cervical radiculopathy, right shoulder impingement and acromioclavicular joint degenerative joint disease, right carpal tunnel syndrome, status post right shoulder arthroscopy with acromioplasty and distal clavicle resection and status post right arthroscopic capsular release, rotator cuff repair and biceps tenodesis with Mumford. The treatment plan includes six additional sessions of post-operative physical therapy for the right shoulder, home, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy to right shoulder 6 sessions: 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 and Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work injury in March 2007 and underwent arthroscopic right shoulder surgery on 03/25/15 with a revision subacromial decompression with capsular release, biceps tenodesis, and repair of a massive rotator cuff tear. When seen, there had been completion of 25 physical therapy treatments. Right shoulder pain was rated at 7/10 without medications and 5/10 with medications. She remained significantly limited in terms of range of motion. The additional treatments were requested for training in a home exercise program. Manipulation under anesthesia was being considered. Ultram was prescribed. Physical examination findings included shoulder tenderness. There was decreased shoulder range of motion and shoulder abduction strength. Tinel's testing at the elbow and wrist was positive. Post surgical treatment after the claimant's shoulder surgery includes up to 40 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months, although goals can usually be achieved with fewer visits than the maximum recommended. Guidelines recommend an initial course of therapy of one half of this number of visits. With documentation of functional improvement, a subsequent course of therapy can be prescribed. In this case, the claimant has had more than 20 treatments with ongoing significant functional limitation. The requested therapeutic content of a home exercise program which could include use of TheraBands and a home pulley system for strengthening and range of motion would not be expected to require the number of treatments being requested. The request is not medically necessary.

Ultram 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 78, 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

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