

Case Number:	CM15-0167608		
Date Assigned:	09/08/2015	Date of Injury:	06/14/2015
Decision Date:	10/26/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 30 year old female, who sustained an industrial injury on June 14, 2015 resulting in pain or injury to the right shoulder when picking up luggage. The injured worker reported developing pain in the right wrist associated with swelling two days after the injury. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder-wrist strain, rule out rotator cuff tear, and subluxation. Medical records dated June 15, 2015, to July 7, 2015, indicate the injured worker with ongoing constant pain in the right shoulder with radiation into the right upper arm causing soreness in the right upper arm and pain and swelling in the right wrist. Records also indicate the injured worker had received a minimal amount of treatment, currently working with restrictions. The documentation provided did indicate the injured worker's ability to perform her activities of daily living (ADLs). The physical exams, dated June 15, 2015 to July 7, 2015, revealed improvement in the injured worker's right shoulder range of motion (ROM) with an improved impingement sign. The injured worker was noted on July 7, 2015, to have slight diffuse tenderness about the right wrist, with normal range of motion (ROM), motor power, and sensory examination. Relevant treatments have included at least 3 sessions of physical therapy without benefit, work restrictions, and medications including Orphenadrine and Ibuprofen. The treating physician indicates that x-rays of the right shoulder and right wrist performed on July 7, 2015, were within normal limits. The request for authorization dated August 5, 2015, shows that the following were requested: a complex orthopedic examination, range of motion (ROM) (body part unknown, x-rays (body part unknown), MRI of the right shoulder, physical therapy 12 sessions, Tramadol (quantity and dosage unknown), a home IF unit, and re-evaluation. The original utilization review dated August 19, 2015, denied the orthopedic evaluation as it was unclear

what the provider was requesting. The range of motion (ROM) was denied as the guidelines do not support the use of this testing mobility above and beyond the results of a physical examination, and the x-rays were denied as there was no specificity. The medical reports failed to include red flags or failure of conservative treatment therefore the right shoulder MRI was denied. The request for physical therapy was modified from the request of 12 to a quantity of 6 to allow for documentation of functional improvement prior to proceeding further. The request for Tramadol was denied as there was no designated dosage or quantity and medical reports failed to establish medical necessity. The IF unit was denied as there was no documented failure of a TENS unit and it had not been documented as beneficial by a physician or other licensed teaching provider. The request for re-evaluation was approved as the injured worker was noted to have ongoing medical needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complex Orthopedic Examination, QTY: 1: 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), Hip, Office Visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Shoulder Complaints 2004, Section(s): Follow-up Visits, Physical Examination. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder, Upper Extremity.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Referral for Expertise evaluation can be utilized for the evaluation of exacerbation of musculoskeletal pain when the condition is too complex and standard treatments with NSAIDs and PT have failed. The records did not show subjective or objective findings consistent with exacerbation of pain. The records indicated that the last X-rays of the shoulder and wrist did not show significant abnormality. The guidelines noted that the presence of significant psychosomatic disorders can be associated with decreased compliance and efficacy of pain treatment methods. The criteria for Complex Orthopedic Examination QTY 1 were not met. The request is not medically necessary.

Range of Motion (body part unknown), QTY: 1: 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), Low Back Chapter, Flexibility.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment

2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Referral for Special evaluations can be utilized for the evaluation of exacerbation of musculoskeletal pain when the condition is too complex and standard treatments with NSAIDs and PT have failed. The records did not show subjective or objective findings consistent with exacerbation of pain. The records indicated that the last X-rays of the shoulder and wrist did not show significant abnormality. The standard physical examination did not show significant abnormal findings. The guidelines noted that the presence of significant psychosomatic disorders can be associated with decreased compliance and efficacy of pain treatment methods. The criteria for special Range of Motion Examination QTY 1 were not met. The criteria for Range of Motion QTY 1 was not met; the request is not medically necessary.

X-rays (body part unknown), QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder, Upper Extremity.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The records did not show subjective or objective findings consistent with exacerbation of pain or neurological deficit. The records indicated that the last X-rays of the shoulder and wrist did not show significant abnormality. The guidelines noted that the presence of significant psychosomatic disorders can be associated with decreased compliance and efficacy of pain treatment methods. There was documentation of depression disorder. The criteria for X-rays QTY 1 were not met; the request is not medically necessary.

MRI of right shoulder, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder, Upper Extremity.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The records did not show subjective or objective findings consistent with exacerbation of pain. The records indicated that the last X-rays of the shoulder and wrist did not show significant abnormality. The guidelines noted that the presence of significant psychosomatic disorders can be associated with decreased compliance and efficacy

of pain treatment modalities. The criteria for MRI of the right shoulder was not met; the request is not medically necessary.

Physical Therapy, QTY: 12: 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), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Exercise, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Physical Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and behavioral modification has failed. The guidelines recommend that patients proceed to a home exercise program after completion of a supervised physical therapy program. The records did not show exacerbation of musculoskeletal Pain. The criteria or physical therapy was not met. Therefore, the request is not medically necessary.

Tramadol (QTY/Dosage unknown), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain. The chronic utilization of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with antidepressant and anticonvulsant analgesic medications. There is no documentation of guidelines required compliance monitoring of UDS, absence of aberrant behavior, CURESS data reports and functional restoration. The criteria for the use of Tramadol were not met. Therefore, the request is not medically necessary.

Home IF Unit, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Interferential Stimulation Unit.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend that use of Interferential Unit (IF) for the treatment of chronic joint pain. The guidelines noted that there is no conclusive evidence of beneficial effect from utilization of IF unit in the treatment of chronic musculoskeletal pain. The criteria for the use of Home IF were not met. Therefore, the request is not medically necessary.