

Case Number:	CM15-0201442		
Date Assigned:	10/16/2015	Date of Injury:	05/16/2015
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/13/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 52-year-old female with a date of industrial injury 5-16-2015. The medical records indicated the injured worker (IW) was treated for calcific bursitis; tendinitis and tenosynovitis of the right shoulder; and strain of the rotator cuff and shoulder. In the progress notes (8-18-15, 9-8-15), the IW reported right shoulder pain. She declined to have an injection, but preferred physical therapy and medications. Prescribed medications included Ibuprofen and Tramadol (since at least 9-2015). On examination (9-8-15 notes), there was tenderness to the anterior, posterior and medial aspects of the right shoulder. Ranges of motion were all painful. Impingement and apprehension tests were positive and the neurovascular check was intact to light touch and pain. Treatments included physical therapy (at least 6 sessions; partial benefit). MRI of the right shoulder on 8-28-15 showed calcific bursitis, Type II SLAP tear and low-grade partial thickness rotator cuff tear with delaminating. The IW was working with modifications. A Request for Authorization dated 9-14-15 was received for physical therapy twice a week for six weeks and Tramadol 50mg #60. The Utilization Review on 9-21-15 non-certified the request for physical therapy twice a week for six weeks and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The records indicate the patient continues to suffer from right shoulder pain and is not interested in surgery. The current request for consideration is physical therapy two (2) times a week for six (6) weeks. The attending physician report dated 9/8/15, page 19b, states "we discussed all treatment options regarding her treatments and at this time she declines any surgical intervention. She would like to try physical therapy with continued use of oral medications." The CA MTUS does recommend physical therapy for shoulder injuries at a decreasing frequency with a transition into independent home-based exercise. The CA MTUS guidelines recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the patient is an excellent candidate for physical therapy. However, the current request exceeds the 9-10 sessions that MTUS recommends. Therefore, the current request is not medically necessary.

Tramadol 50mg #60: 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): Opioids, criteria for use.

Decision rationale: The records indicate the patient continues to suffer from right shoulder pain and is not interested in surgery. The current request for consideration is tramadol 50mg #60. The attending physician report dated 9/8/15, page 19b, states "we will continue Ibuprofen and Tramadol as needed for inflammation and pain." As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the request is not medically necessary.