

Case Number:	CM15-0221614		
Date Assigned:	11/17/2015	Date of Injury:	07/05/2014
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/11/2015

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 61 year old male, who sustained an industrial injury on 7-5-14. He reported left shoulder pain. The injured worker was diagnosed as having left shoulder sprain and strain, impingement syndrome, large full thickness rotator cuff tear with retraction and subacromial-subdeltoid bursitis and status post left shoulder rotator cuff repair. Treatment to date has included arthroscopic left rotator cuff repair, subacromial decompression, and clavicle resection on 5-6-15, at least 5 physical therapy visits, a home exercise program, and medication including Norco. On 8-17-15 physical exam findings on 8-17-15 included tenderness to palpation over the acromioclavicular joint, supraspinatus tendon, and periscapular musculature. Impingement test was positive. On 8-17-15, the injured worker complained of left shoulder pain rated as 9 of 10 and decreased range of motion. On 9-21-15 the treating physician requested authorization for a home shoulder exercise kit and Ultram ER 150mg #30. On 10-20-15 the request for Ultram ER was modified to a quantity of 27 for weaning. The home shoulder exercise kit was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home shoulder exercise kit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Home exercise kits.

Decision rationale: The claimant sustained a work injury to the left shoulder in July 2014 when he was involved in a motor vehicle accident and underwent an arthroscopic left shoulder subacromial decompression with rotator cuff repair of a large full thickness tear and extensive labral debridement on 05/06/15. When seen in September 2015, he had completed approximately three post-operative physical therapy visits. He was performing a pendulum and wall walking program at home. He had shoulder pain rated at 4-6/10. He was also having right ankle pain rated at 4/10. Physical examination findings included slight deltoid atrophy. There was tenderness and crepitus with range of motion. There was weakness and decreased passive range of motion. There was pain with impingement and Cross arm testing. Medications were decreasing pain from 7/10 to 4/10. Extended release tramadol and a home exercise kit with contents including TheraBands, a home pulley, and ball were requested. He was to continue in physical therapy. An exercise kit as part of a self-directed home exercise program for the shoulder is recommended. Components such as a home pulley system and TheraBands can be used for range of motion and strengthening which can be performed as often as needed/ appropriate and without requiring ongoing skilled therapy. The c had a full thickness rotator cuff tear and has only had three physical therapy treatments. He is already compliant with home exercises and daily home use of the components of the requested kit would be the optimal post-operative treatment and would likely decrease the need for skilled treatments. The request is medically necessary.

Ultram ER 150mg #30: Overturned

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, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury to the left shoulder in July 2014 when he was involved in a motor vehicle accident and underwent an arthroscopic left shoulder subacromial decompression with rotator cuff repair of a large full thickness tear and extensive labral debridement on 05/06/15. When seen in September 2015, he had completed approximately three post-operative physical therapy visits. He was performing a pendulum and wall walking program at home. He had shoulder pain rated at 4-6/10. He was also having right ankle pain rated at 4/10. Physical examination findings included slight deltoid atrophy. There was tenderness and crepitus with range of motion. There was weakness and decreased passive range of motion. There was pain with impingement and Cross arm testing. Medications were decreasing pain from 7/10 to 4/10. Extended release tramadol and a home exercise kit with

contents including TheraBands, a home pulley, and ball were requested. He was to continue in physical therapy. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultram ER (tramadol) is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.