

Case Number:	CM15-0039239		
Date Assigned:	03/09/2015	Date of Injury:	03/07/2014
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/02/2015

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 48-year-old female, who sustained an industrial injury on March 7, 2014. The injured worker had reported neck, left shoulder and right knee pain. The diagnoses have included disorders of bursae and tendons of the shoulder, cervical strain, pain in the joint of the shoulder, current tear of medial cartilage or meniscus of the knee and pain in joint of the lower leg. Treatment to date has included medications and physical therapy. Current documentation dated February 4, 2015 notes that the injured worker complained of constant pain in the left shoulder and right knee pain. The documentation notes that the injured worker had difficulty leaning on her left shoulder blade because it caused radiating pain to the cervical spine and also caused headaches. The pain score was reported as 3/10 on a scale of 0 to 10. X-rays of the left shoulder and right knee showed no worsening of the osteoarthritis. The 2014 MRI of the left shoulder showed rotator cuff tear and tendinitis. The treating physician's recommended plan of care included Tramadol for pain, a urine toxicology screen and physical therapy to the left shoulder and right knee to regain strength, improve function and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee and shoulder, three times weekly for four weeks:
 Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 - 25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 209-211, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-116. 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 can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs medications. The records did not show subjective or objective findings consistent with exacerbation of shoulder and knee pain. The patient had previous completed surgeries and physical therapy treatments. The pain score was rated at 3/10. The criteria for physical therapy three times a week for four weeks for the right knee and right shoulder was not met.

Tramadol 50 mg, forty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 - 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 93-94, 111, 113, 119. 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 treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs. The records did not show subjective and objective findings consistent with exacerbation of the shoulder and knee conditions. There are no interval changes in the radiological tests. The records did not show failure of treatment with NSAIDs medications. There is no documentation of compliance monitoring including absence of aberrant behavior and functional restoration. The criteria for the use of Tramadol 50mg #40 was not met.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compliance monitoring can be instituted during chronic opioids treatment. Opioid can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with

NSAIDs. The records did not show subjective and objective findings consistent with exacerbation of the shoulder and knee conditions. There are no interval changes in the radiological tests. The records did not show failure of treatment with NSAIDs medications. There is no documentation of compliance monitoring including absence of aberrant behavior and functional restoration. There is no documentation of the presence of aberrant behavior or 'red flag' condition that requires Urine Drug Toxicology. The criteria for Urine Toxicology Screen was not met.