

<b>Case Number:</b>	CM15-0043633		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 41 year old male, who sustained a work related injury on 8/30/10. The diagnoses have included frozen right shoulder status post surgery and chronic pain. Treatments to date have included a MRI of right shoulder dated 9/10/11, a Gadolinium injection under fluoroscopy dated 10/26/12, right shoulder surgery dated 1/14/13, a MR Arthrogram right shoulder dated 1/28/15, medications, physical therapy without much benefit and injections into right shoulder without much benefit. In the PR-2 dated 2/4/15, the injured worker complains of chronic right shoulder pain. He has pain in the axilla underneath the rotator cuff and posterior shoulder blade. He has tenderness to palpation along the right shoulder rotator cuff, biceps tendon and posterior shoulder. He has abduction of 140 degrees. The treatment plan is the request for authorization of right shoulder surgery due to failed conservative measures and Tramadol pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol extended release 150mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Steps to Take Before a Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 113.

**Decision rationale:** MTUS guidelines do not recommend narcotics for chronic shoulder pain. There is no documented functional benefit with previous narcotic usage. Tramadol is not medically needed for this patient's chronic shoulder pain.

**Right Shoulder Arthroscopy, decompression, modified Mumford procedure, and evaluation of biceps tendon and rotator cuff:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210; 211. Decision based on Non-MTUS Citation Official Disability Guidelines -Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-219.

**Decision rationale:** The medical records do not clearly document the diagnosis of shoulder rotator cuff tear, biceps tear, and ac joint pain. MTUS guidelines for shoulder surgery are not met. There is no documentation of recent postoperative imaging that clearly shows the diagnosis prior to planned surgery. The patient has already had failed shoulder surgery. The surgical indication for revision surgery is not supported in the medical records at this time.