

<b>Case Number:</b>	CM15-0078271		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 51-year-old female, who sustained an industrial injury on December 2, 2013. She reported left shoulder pain, left hip pain and left ankle pain. The injured worker was diagnosed as having left shoulder impingement syndrome, left hip greater trochanteric bursitis and left ankle/foot chronic sprain with possible heel spur. Treatment to date has included injection and medication. On April 2, 2015, the injured worker complained of left shoulder complaints and difficulty with range of motion. Parts of the handwritten note were illegible. The treatment plan included acupuncture, diagnostic studies and a follow-up visit. On April 13, 2015, Utilization Review non-certified the request for Ultram 50 mg #120 and ultrasound for the left shoulder, citing California MTUS Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Tramadol is medical unnecessary. There is no documentation of what her pain was like previously and how much Tramadol decreased her pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings after the medication was started or drug contract. Improvement in functional capacity was not documented. Because of these reasons, the request for Tramadol is considered medically unnecessary.

**Diagnostic ultrasound for the left shoulder:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ultrasound, diagnostic: Shoulder.

**Decision rationale:** The request is considered not medically necessary. MTUS guidelines do not address the use of diagnostic ultrasound for the shoulder. According to ODG guidelines, ultrasound is useful for the evaluation of rotator cuff pathology, as well as MRI. In the chart, there is documentation that the patient had an abnormal MRI of left shoulder in 2/2014. The report was not included. It is unclear why ultrasound is needed at this point when MRI was already done. Therefore, the request is considered not medically necessary.