

<b>Case Number:</b>	CM13-0032681		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/23/2007
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66-year-old female who was injured in a work-related accident on 3/23/07. A most recent clinical progress report dated 9/30/13 assessment by [REDACTED] indicates that the claimant is status post a prior left shoulder rotator cuff repair, subacromial decompression, and acromioclavicular joint resection with continued complaints of pain and a diagnosis of "frozen left shoulder." Physical examination of the shoulder demonstrates well-healed scars with negative impingement Neer and Hawkins testing. There is 4/5 resisted rotator cuff strength with external rotation and abduction and motion noted to 70° of adduction, 90° of forward flexion, and 45° of external rotation. A corticosteroid injection of the subacromial space was provided at that date to the left shoulder. The request was also formally made for a repeat left shoulder arthroscopy, decompression, and acromioclavicular joint resection with continuation of medication management in the form of Tramadol, Omeprazole, Diclofenac, and Cyclobenzaprine for chronic pain relief. While shoulder surgery was noted to take place on 5/31/12, there is no documentation of post-operative imaging available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on-going management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram) Page(s): 91-94.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the continued role of Tramadol would not be indicated. Guidelines indicate that the efficacy of Tramadol is unclear beyond sixteen weeks but appears limited. Guidelines criteria does not recommend its role of use greater than sixteen weeks. Treatment in this case indicates that the use of Tramadol has been ongoing for over a year. Its continued use at this stage in the claimant's clinical course of care would not be supported.

**Cyclobenzaprine 20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the continued use of muscle relaxants also would not be indicated. The use of muscle relaxants for pain are recommended with caution as second line treatment for short term exacerbations of patients with chronic pain. The records do not typically recommend the role of Flexeril for greater than four weeks. The specific request in this case would not be indicated given the claimant's current working diagnosis and time frame that the medication has been utilized.

**arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**Decision rationale:** Based on California MTUS Guidelines, surgical arthroscopy to the left shoulder is not indicated. While the claimant is noted to be with continued complaints of a "frozen shoulder," physical examination findings do not support impingement signs with no documentation of post-operative imaging available for review to confirm nor refute a current working diagnosis. The support for the role of surgical arthroscopy would not be indicated.

**subacromial decompression:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**Decision rationale:** Based on California MTUS Guidelines, subacromial decompression would not be indicated. As stated above, post-operative imaging is unavailable for review in this case with no documentation to confirm nor refute a current working diagnosis. The claimant has also already undergone prior subacromial decompression to this shoulder. The specific request would not be indicated.

**acromioclavicular joint resection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-11.

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

**Decision rationale:** MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of distal clavicle excision also would not be indicated. The claimant has previously undergone a distal clavicle excision in this case with physical examination not supporting continued acromioclavicular joint findings. The lack of documented objective findings and clear indication that an acromioclavicular joint resection has already occurred with prior surgery, the specific request would not be indicated at this time.