

Case Number:	CM14-0094803		
Date Assigned:	07/25/2014	Date of Injury:	09/27/2013
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/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:

The patient is a 61-year-old female who has submitted a claim for rotator cuff strain/tear, impingement syndrome, and Reflex Sympathetic Dystrophy (RSD) left upper extremity with possible radial tunnel syndrome associated with an industrial injury date of September 27, 2013. Medical records from up January 10, 2014 to July 18, 2014 were reviewed showing left shoulder pain, stiffness, and decreased motion. Patient also complained of left upper extremity pain with decreased sensation, diminished function, and stiffness of left hand which also changes colors and temperature. Shoulder pain radiates down the left upper extremity to the thumb and index finger with inability to close her left hand. Physical examination of left shoulder revealed diffused tenderness, decreased ROM and muscle strength 3/5. Patient has exquisite tenderness to even light touch of the left hand. She is unable to make a fist with her left hand. The left hand is noticeably swollen; cooler compared to the right side and the skin appears subtly shiny in the dorsum compared to right side. She has wasting of her left forearm. Treatment to date has included tramadol 50mg, cyclobenzaprine, Norco, arthroscopic rotator cuff repair, and physical therapy. Utilization review from June 5, 2014 denied the request for 12 Physical Therapy Visits, 1 Neurological Evaluation, and modified the request for 1 Prescription for tramadol 50mg #60 to #42. Regarding the physical therapy visits, the patient has participated in at least 20 sessions in the past with remaining 4 more visits. Patient should be instructed in an HEP according to guidelines by this time. Regarding the neurological examination to assess for incipient RSD, the patient mainly complained of severe shoulder pain that occasionally radiated down her left upper extremity to the thumb and index finger. Characteristic symptoms of RSD were not noted. The patient did not appear to be a candidate for a neurological consultation. Regarding tramadol, its long term use is not recommended especially for shoulder complaints. Therefore, initiation of weaning of medication was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visit: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: As stated on pages 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks and for Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the patient had completed 20 sessions of physical therapy with 4 remaining. At this point, the patient should have been started with a home exercise program to continue functional improvement. In addition, the targeted body part was not indicated. Therefore the request for 12 physical therapy visits is not medically necessary.

1 Neurological Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient seems to exhibit the characteristic symptoms of RSD such as continuing pain, hyperalgesia, changes in color and temperature, edema, and wasting of proximal muscles. However, it was not mentioned in the guidelines that a neurological evaluation/consult is needed to diagnose RSD. The medical records did not reveal uncertainty or complexity of issues on pain management. Furthermore, there was no indication of failure of current therapies for the patient's pain problems, which may warrant a referral to a specialist. There is no clear rationale for the requested service. Therefore, the request for 1 neurological evaluation is not medically necessary.

1 Prescription for Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking tramadol since April 24, 2014. Her pain was not documented to have decreased. There was no documentation of functional improvement. In addition, there was no mention of a urine drug screen. As per PR dated 3/18/14, the patient is addicted/dependent on amphetamines, cocaine, valium, hydrocodone, morphine, oxycodone, and soma. Therefore the request for 1 prescription for tramadol 50mg #60 is not medically necessary.