

Case Number:	CM15-0115754		
Date Assigned:	06/23/2015	Date of Injury:	10/06/2014
Decision Date:	07/29/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 was a 36 year old male, who sustained an industrial injury, October 6, 2014. The injured worker previously received the following treatments Lidocaine, Amitriptyline, left shoulder MRI, cervical spine MRI, lumbar spine MRI, Relafen and physical therapy for the cervical spine. The injured worker was diagnosed with left shoulder slap lesion, neck sprain/strain, left shoulder impingement syndrome due to superior labral tear, myofascial pain and possible cervical facet syndrome. According to progress note of May 13, 2015, the injured worker's chief complaint was ongoing left shoulder pain and pain with over the head reaching. The injured worker reported a feeling or sensation of the left shoulder falling out of the socket. The shoulder pain was exacerbated by activities such as throwing and external rotation. The neck pain was aggravated by looking up and down. The physical exam noted tenderness in the posterior cervical and bilateral trapezial musculatures. The forward flexion was within one finger length of the chin. The extension was 10 degrees and lateral rotation was 60 degrees bilaterally. The left shoulder passive lateral rotation was 150 degrees with a positive impingement sign and positive apprehensive test. The external rotation was 80 degrees. There was pain when testing the supraspinatus tendon against resistance. The treatment plan included a prescription for Ultram and physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: The patient is a 36 year old male who sustained an injury in October of 2014. He has subsequently been diagnosed with left shoulder superior labral tear and cervical strain. Treatments have included oral and topical medications. The request is for further physical therapy as he has already undergone treatment, with the patient's initial injury being over 8 months ago. The MTUS state that active exercises versus passive manipulation has better clinical outcomes and at this point, a transition to home based self-directed treatment would be advised. As such, the request is not certified.

Ultram 50mg 1 tablet at bedtime quantity 30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 of 127.

Decision rationale: The patient is a 36 year old male who sustained an injury in October of 2014. He has subsequently been diagnosed with left shoulder superior labral tear and cervical strain. Treatments have included oral and topical medications. The request is for the use of Ultram for pain relief. The MTUS guidelines state that tramadol is efficacious for short term pain relief but use beyond 16 weeks appears to be limited. Failure to respond to a time-limited course of opioids would suggest re-evaluation and consideration of alternative therapies. The patient's injury occurred greater than 8 months ago and would be considered beyond the time period where this synthetic centrally acting opioid would be most effective. As such, the request is not certified.