

Case Number:	CM15-0061052		
Date Assigned:	04/07/2015	Date of Injury:	12/09/2014
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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: Illinois, California, Texas
 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 37-year-old male who sustained an industrial injury on 12/9/14. Injury occurred when he was unloading a picnic table from a pick-up truck, and it shifted, twisting his upper body. X-rays of the right shoulder were reported as normal. The 12/29/14 right shoulder MRI impression documented significant rotator cuff tendinitis with a small interstitial tear of the conjoined tendon enthesis, modest subacromial bursitis, and narrowing subacromial outlet secondary to downsloping position of the acromion. There was early acromioclavicular (AC) joint degeneration with inflammatory responses, moderate glenohumeral capsulitis, and stress-related change posterosuperior labrum with no pathologic labral detachment. Records documented the injured worker initiated physical therapy on 12/30/15 but it was discontinued on 1/12/15 due to increased symptoms with therapy. A corticosteroid injection was provided on 1/8/15 with one day relief of symptoms and recurrence of pain. Percocet was reported as effective with pain management. The 2/2/15 initial orthopedic report cited right shoulder, neck, and upper back pain with mild upper extremity numbness and tingling. There was moderate lateral, subacromial, and acromioclavicular joint pain over the right shoulder. He also complained of weakness, catching, popping, grinding and mild loss of motion in the right upper extremity. Pain occurred at night and he was unable to sleep on the affected side. Functional difficulty was noted in putting on his clothes, reaching behind his back, combing his hair, reaching high, lifting 10 pounds above his shoulder, and doing overhead activities. Physical exam documented pain within the impingement arc and with cross body abduction. Right shoulder exam documented normal strength, slight loss of flexion and abduction, positive Empty

Can test, impingement tests, and cross arm abduction test. There was no evidence of instability. The diagnosis was shoulder sprain/strain, AC joint osteoarthritis, bursitis and impingement. The injured worker had failed conservative treatment including corticosteroid injection, physical therapy, modified duty, and anti-inflammatory medication. The treatment plan recommended right shoulder arthroscopy with subacromial decompression, bursectomy and acromioclavicular joint resection, with post-op physical therapy and cold compression unit. The 2/26/15 treating physician appeal report documented conservative treatment to include ice, activity modification, anti-inflammatory medications, narcotics for pain control, a corticosteroid injection with transient relief, home exercise program, and 6 visits of physical therapy. There was imaging evidence of a partial thickness supraspinatus tear, AC arthropathy, and downsloping AC joint or acromion. He failed to improve and was referral to an orthopedic surgeon who has recommended surgery. Physical exam documented tenderness at the AC insertion and along the supraspinatus region. Active range of motion was decreased to flexion 70 degrees, abduction 90 degrees, and internal rotation to the hip. Passive flexion was 110 degrees with pain. There was 4+/5 external rotation and 4/5 abduction weakness. The treatment plan right rotator cuff partial thickness tear and AC arthropathy. Authorization for surgery was again requested. The treatment plan recommended that the injured worker use Percocet at night or with severe pain, and tramadol during the daytime. The 3/6/15 utilization review non-certified the request for right shoulder arthroscopy as there was no evidence that guideline-recommended conservative treatment had been attempted and failed, and there was no evidence of a painful arc of motion or nighttime pain. The request for Tramadol was non-certified as the patient was using Percocet with no evidence of failure of the first-line opioid medication to support a change to Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right shoulder arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Indications for surgery - Rotator cuff repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for impingement syndrome; Surgery for rotator cuff repair.

Decision rationale: The California MTUS guidelines provide a general recommendation for impingement surgery. Conservative care, including steroid injections, is recommended for 3-6 months prior to surgery. Surgery for impingement syndrome is usually arthroscopic decompression. The Official Disability Guidelines provide more specific indications for impingement syndrome that include 3 to 6 months of conservative treatment directed toward gaining full range of motion, which requires both stretching and strengthening. Criteria additionally include subjective clinical findings of painful active arc of motion 90-130 degrees and pain at night, plus weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Conventional x-rays, AP, and true lateral or axillary view. AND MRI, ultrasound, or arthrogram

showing positive evidence of impingement are required. Guideline criteria have been met. This injured worker presents with persistent function-limiting right shoulder pain that precludes return to work. Clinical exam findings are consistent with imaging evidence of rotator cuff tear and impingement. Detailed evidence of nearly 3 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Unknown prescription of Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have not been met for the initiation of Tramadol. This injured worker has been using Percocet for pain control with documentation of benefit. He has not been able to return to work due to the use of daytime opioids. However, the surgical request has been found medically necessary so a switch in opioid medication at this time is not indicated. Additionally, the specifics of this request do not include dosage or quantity which does not allow for determination of medical necessity. Therefore, this request is not medically necessary.