
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/10/2013
Date of Injury: 4/7/2012
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003038

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
/MCC

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, has a subspecialty in Spine 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator and the employee's representative
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 37 year old male with a date of injury of 4/7/2012. Under consideration are authorization requests for 1 orthopedic surgeon consult; 8 acupuncture sessions for the right shoulder; 1 prescription of tramadol HCL/APAP 37.5/525mg trial #60; 1 shoulder injection; 1 urine toxicology screen. Review of submitted documents demonstrates the patient has been seen for his work/car accident injuries. Reports suggest the patient was most recently evaluated by Dr. [REDACTED] on 6/25/2013 as well as 6/11/2013. The patient reported 5/10 right shoulder pain which was exacerbated by prolonged elbow flexion, as well as reaching overhead and squeezing objects. The left shoulder was post surgical. Review of documentation suggests the patient had right shoulder impingement surgery prior to the accident. Since the accident, the patient has experienced increased pain and decreased range of motion of the right shoulder. Dr. [REDACTED] feels shoulder injections would be beneficial. Previous x-ray findings, by [REDACTED] MD on 4/9/2012 suggested mild degenerative changes to the glenohumeral joint. Other findings included acromioclavicular joint and interval were maintained, as well as no evidence of fracture or dislocation."

IMR DECISION(S) AND RATIONALE(S)

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

1. One orthopedic surgeon consultation is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 9 (Shoulder Complaints) page 196, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) page 196, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Practice Guidelines indicate that referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The medical records provided for review indicate that the employee presented with significant objective functional deficits of the right shoulder after a vehicle accident sustained in April of 2012. Imaging of the employee's right shoulder revealed pathology as the employee has had previous operative interventions to the shoulder. The employee sustained a work-related injury and experienced significant objective functional deficits for over a year. **The request for an orthopedic surgeon consultation is medically necessary and appropriate.**

2. Eight Acupuncture Sessions for the right shoulder is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 9 (Shoulder Complaints) pg. 204, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines pages 8-9, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Acupuncture Guidelines indicate a trial of three to six acupuncture sessions should indicate functional improvement and additional visits may be requested if functional improvements are documented. The request for eight sessions received modification to six acupuncture sessions for the right shoulder by the Claims Administrator. The medical records provided for review do not include documentation of functional improvement necessary for additional acupuncture sessions. **The request for eight (8) acupuncture sessions for the right shoulder is not medically necessary or appropriate.**

3. Tramadol HCL/APAP 37.5/525mg trial #60 is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 9 (Shoulder Complaints) pg 212, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines pages 93-94, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines suggest, "tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." However, the medical records provided for review show the employee presented recent status post left shoulder surgery, and significant objective functional deficits were noted upon physical exam of the employee's right shoulder. Consequently, a short course of tramadol HCL/APAP 37.5/525 would be supported. **The request for tramadol HCL/APAP 37.5/525 mg #60 is medically necessary and appropriate.**

4. One Shoulder Injection is medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 9 (Shoulder Complaints) pg 204, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg. 204, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines indicate if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. The medical records provided for review evidence the employee presents with significant decrease in range of motion after a work-related injury of over a year's time. **The request for one (1) shoulder injection is medically necessary and appropriate.**

5. One Urine Toxicology is medically necessary and appropriate.

The Claims Administrator based its decision on the University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 33, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines page 43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Treatment Guidelines indicate drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." At this time, a trial of Tramadol HCL/APAP is supported due to the employee having been post-operative as well as continuing with significant pain and decrease in function of the right shoulder. **The request for one urine toxicology is medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]