MAXIMUS Federal Services

Case Number:	CM13-0050028		
Date Assigned:	12/27/2013	Date of Injury:	07/15/2012
Decision Date:	03/20/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 44-year-old male who reported an injury on 07/15/2012. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the cervical spine and left shoulder. The patient's treatment history included physical therapy, acupuncture, injection therapy and medications. The patient's most recent physical findings included restricted range of motion of the left shoulder, described as 120 degrees in abduction and 150 degrees in flexion with acromioclavicular joint tenderness and a positive impingement sign and positive Hawkins and Neer's signs. The patient's diagnoses included a cervical sprain/strain, left shoulder contusion with rotator cuff tendinopathy, lumbar sprain/strain and left knee sprain/strain. The patient's treatment plan included the continuation of medications, continuation of physical therapy, drug testing, consideration of surgical intervention and the use of a cervical traction device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic cervical traction unit: 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 Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction.

Decision rationale: The requested pneumatic cervical traction unit is not medically necessary or appropriate. The Official Disability Guidelines do not recommend power-based traction devices. The clinical documentation does not provide any exceptional factors to extend treatment beyond the guideline recommendations. Therefore, the need for a pneumatic cervical traction device is not clearly indicated. As such, the requested pneumatic cervical traction unit is not medically necessary or appropriate.

Retrospective urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screens.

Decision rationale: The retrospective request for urinalysis on 09/27/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend drug testing for patients who are at risk for aberrant behavior and noncompliance to a prescribed medication schedule or for patients who exhibit symptoms that provide suspicion of illicit drug use. The clinical documentation submitted for review does support that the patient is on medications that require medication usage monitoring; however, the clinical documentation does not provide a risk assessment to establish that the patient is at a moderate to high risk for aberrant behavior. The Official Disability Guidelines recommend only yearly testing for patients who are at low risk for aberrant behavior. As the patient has already undergone at least 1 urine drug screen within the past year, the need for an additional urine drug screen is not clearly indicated. As such, the retrospective urinalysis for the date of service of 09/27/2013 is not medically necessary or appropriate.