

Case Number:	CM13-0052655		
Date Assigned:	05/02/2014	Date of Injury:	02/19/2012
Decision Date:	08/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine & Rehabilitation 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 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 29-year-old male who has filed a claim for left shoulder subacromial bursitis associated with an industrial injury date of February 19, 2012. Review of progress notes indicates left shoulder pain with clicking and popping. Findings of the left shoulder include tenderness of the anterior shoulder, pain with range of motion, and positive Neer's test. Electrodiagnostic testing of the upper extremities dated October 05, 2012 showed early right carpal tunnel syndrome, left cubital tunnel syndrome, left radial neuropathy, and left ulnar neuropathy at the wrist consistent with constriction at Guyon's tunnel. Magnetic Resonance Imaging (MRI) of the right shoulder dated May 02, 2013 showed normal results. MRI of the left shoulder dated June 29, 2013 showed minimal subacromial/subdeltoid bursitis, and a small cyst/erosion at the lateral aspect of the humeral head near the infraspinatus insertion. Treatment to date has included Nonsteroidal Anti-inflammatory Drugs (NSAIDs), opioids, Fioricet, gabapentin, compounded creams/lotions, physical therapy, acupuncture, shockwave therapy, chiropractic therapy, TENS, Healing and Growth Factor injections, and functional capacity evaluations. Utilization review from October 23, 2013 denied the request for urine drug screen as there is no reason for testing at this time; acupuncture treatment and physiotherapy as there is no documentation regarding previous benefit from these modalities; and psychologist consultation as trial treatment of the patient's depression and anxiety has not been attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: As stated on page 78 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Patient has had three urine drug screens in March, May, and July of 2013, showing negative results. In this case, there is no documentation regarding patient's current medication regimen, or aberrant drug seeking/use behaviors. Therefore, the request for urine drug screen was not medically necessary.

Acupuncture treatment one times a week times six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented. In this case, there is no documentation describing the benefits derived from previous acupuncture sessions. The body part to be treated is also not indicated. Therefore, the request for acupuncture treatment one times six was not medically necessary.

Physiotherapy one times a week times six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Page 98-99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, there is no documentation describing the benefits derived from previous physical therapy sessions. The body part to be treated is also not indicated. Therefore, the request for physiotherapy one times a week times six was not medically necessary.

Psychologist consultation: 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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004 Independent Medical Examinations and Consultations Guidelines referenced by California Medical Treatment Utilization Schedule (MTUS), occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation in recent progress notes regarding any depression or anxiety symptoms. There has also been no documentation of any trial of pharmacologic or behavioral treatment in this patient. Additional information is necessary at this time to support this request. Therefore, the request for psychologist consultation was not medically necessary.