MAXIMUS Federal Services

Case Number:	CM13-0055995		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2009
Decision Date:	03/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational Medicine, 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. 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain associated with an industrial injury sustained on June 13, 2009. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, psychological counseling for derivative psychological stress, prior shoulder arthroscopy on September 29, 2009, unspecified amounts of physical therapy over the life of the claim, prior right knee ACL repair surgery, computerized range of motion testing, topical compounds, and shoulder arthroscopy on November 20, 2012. A report from December 6, 2012 is notable for comments that the applicant is off of work, on total temporary disability. On April 3, 2013, the applicant was given a 15-pound lifting limitation and asked to continue further physical therapy. On September 25, 2013, the applicant reported persistent 5/10 shoulder pain. The applicant received a shoulder corticosteroid injection in the clinic. The applicant was described as having tenderness and loss of motion about the shoulder. A 20-pound lifting limitation was endorsed. It does not appear that the applicant has returned to work with said limitation in place. On November 6, 2013, it was stated that the applicant attempted to return to work but was unable to do so. A functional capacity evaluation was therefore endorsed. On January 15, 2014, the attending provider noted that the applicant was given another shoulder corticosteroid injection and a prescription for Soma. The applicant reported heightened pain. The applicant was given a rather proscriptive limitation of no reaching above the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional physical therapy three times a week for four weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The applicant has had unspecified amounts of therapy over the life of the claim, both preoperatively and postoperatively. The applicant has seemingly failed to effect any lasting benefit or functional improvement through prior unspecified amounts of physical therapy treatment. Functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment, as per the MTUS Chronic Pain Medical Treatment Guidelines. The applicant has seemingly failed to return to work. The applicant remains highly reliant on various medical treatments, including medications, injections, functional capacity testing, computerized range of motion testing, etc. The applicant's work restrictions are seemingly being tightened from visit to visit, it is further noted. All of the above, taken together, implies that the applicant has reached a plateau with prior treatment and the prior physical therapy treatment was unsuccessful. Therefore, the request for additional physical therapy is not certified.

URINE DRUG TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines do support intermittent drug testing in the chronic pain population, it does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the Official Disability Guidelines, an attending provider should clearly state those drug tests and/or drug panels which he intends to test for along with the request for authorization for testing. In this case, the attending provider did not clearly state which drug tests and/or drug panels he was testing for. The ODG further notes that an attending provider should furnish an applicant's complete medication list along with the request for testing and state when the last time the applicant was tested. Again, the records provided for review do not contain this information. For all of the stated reasons, then, the request is not certified.