

Case Number:	CM13-0057968		
Date Assigned:	04/16/2014	Date of Injury:	09/16/2010
Decision Date:	05/23/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 49 year old female who was injured on 09/16/2010. The mechanism of injury occurred from continuous trauma to the right shoulder. Prior treatment history has included injections, home exercise program and physical therapy. The patient underwent right shoulder arthroscopy on 05/30/2012. Comprehensive Drug screening dated 06/19/2013 yielded negative results for Vicodin, Prilosec, and cyclobenzaprine. Vicodin was indicated for this patient and was not detected. This could be due to not taking medication as prescribed or to ones metabolism. Comprehensive Drug screening dated 09/25/2013 yielded negative results for Prilosec and cyclobenzaprine. The medications listed for this patient would not be detected in this drug test panel. PR-2 dated 09/11/2013 indicated the patient presented with complaints of right shoulder pain which she rated 7/10, neck pain 5/10, upper/mid back pain 5/10, left shoulder pain 5/10, right elbow pain 6-7/10, left elbow pain 6/10, right wrist/hand pain 6-7/10 with occasional numbness and left hand/wrist pain 5/10. She continued to have symptoms of depression, stress, anxiety and difficulty sleeping. She was been treated by [REDACTED]. Objective findings on exam revealed painful range of motion of the cervical spine with tenderness of the paraspinal musculature. There was bilateral tenderness on the paraspinal. Shoulder exam revealed a well-healed scar on the right with tenderness on the left acromioclavicular joint, left supraspinatus tendon, left impingement sign with painful range of motion; rotator cuff strength was 4/5 musculature. There was diffuse tenderness to palpation at the elbow. There was tenderness to palpation at the bilateral hand and wrist. The patient was diagnosed with 1) Status post right shoulder arthroscopy 05/30/2012, improved; 2) Cervical spine strain/sprain, no improvement. 3) Thoracic spine strain, improved. 4) Left shoulder strain and impingement syndrome status post injection x3 to the right, x1 to the left, with no improvement. 5) Bilateral elbow arthralgia, nonspecific; 6) Tendinosis, bilateral wrist and hands, improved; 7) Prior open reduction internal

fixation of the right radial styloid; 8) Myofascial pain syndrome; and 9) Depression, anxiety, stress and difficulty sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3X5 TO THE LEFT SHOULDER: Upheld

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

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

Decision rationale: CA MTUS guidelines detail that physical therapy should be faded over the course of time and the patient should be transferred to a self-directed home exercise program. The treating provider notes that patient is continuing a home based exercise program at this time. There is nothing in the medical records that would indicate a failure in this approach, and necessitate a return to supervised physical therapy. Thus, the request is not medically necessary.

URINE TOXICOLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

Decision rationale: MTUS guidelines indicate that drug screening is an option for patients on opioid therapy, in order to monitor for aberrant drug-taking or addiction behavior. In this case, there is no documentation of this patient being on opioids other than a note from a behavioral therapist. The treating provider does not document opioids being prescribed or needed. Therefore, this drug screen is not medically necessary.