

<b>Case Number:</b>	CM13-0061853		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 [REDACTED] employee who filed a claim for neck and shoulder pain associated with industrial injury dated November 3, 2011. Treatment to date included physical therapy for cervical spine but only completed 2 of 6 physical therapy session. She was also taking Naproxen which was eventually shifted to Prilosed due to gastrointestinal noted. Duration of medical treatment was not indicated in the records given. In a utilization review dated November 26, 2013, the proposed medical treatment of physical therapy for 8 sessions and retrourinalysis were denied. It was noted in the progress report that patient did not benefit from 2 out of 6 physical therapy sessions with no documentation of objective functional improvement. Retro urinalysis was not approved as indicated in the records due to lack of evidence of high risk of addiction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY X8:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, patient completed prior physical therapy but did not provide functional gains such as improved activities of daily living. In addition, the request does not specify a body part to be treated. Therefore, the request for physical therapy is not medically necessary.

**RETRO URINALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

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

**Decision rationale:** As stated on page 43 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess opioid medical management and screen for misuse or addiction. In this case, the documentation did not provide evidence of high risk behavior from the patient nor was there discussion about aberrant drug use. In addition, the request does not specify a service date. Therefore, the request for retro urinalysis is not medically necessary.