

Case Number:	CM13-0065662		
Date Assigned:	01/03/2014	Date of Injury:	05/17/2001
Decision Date:	04/11/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/13/2013

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 has a subspecialty in Pediatric Rehabilitation Medicine 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 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 reported an injury on 05/17/2001. The mechanism of injury was not provided. The patient was noted to have a left shoulder arthroscopy, Mumford procedure, and debridement of a supraspinatus tear on 07/13/2012. The documentation of 11/15/2013 revealed that the patient had tenderness to palpation over the trapezius and paravertebral muscles. Palpation of the trapezius muscles revealed hypertonicity on the left. Shoulder depression test was positive, and the Spurling's test was positive on the left. The patient had limited range of motion with flexion at 90 degrees, abduction at 70 degrees, and external rotation at 10 degrees. The patient's diagnoses were noted to include status post left shoulder arthroscopy, Mumford procedure, and debridement of the supraspinatus tear, right trapezial chronic sprain, and right trapezial trigger point. The patient was to continue Norco, which was prescribed by the pain management specialist. The request was made for 12 sessions of physical therapy and urinalysis as part of a pain-treatment agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR 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 Ongoing Management Page(s): 78.

Decision rationale: California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The patient's primary treating physician requested the urine drug screen as part of a pain-treatment agreement during opioid therapy. However, the medication that was being continued was noted to have been prescribed by the patient's pain management physician. Therefore, the necessity of performing a urine drug screen by the patient's Orthopedic Surgeon who is not the prescribing physician has not been established. Additionally, the request as submitted failed to indicate the number of tests being requested. Given the above, the request for urinalysis screen is not medically necessary.

THE REQUEST FOR 12 SESSIONS OF PHYSICAL THERAPY: 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 Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: California MTUS postsurgical guidelines indicate that the postsurgical treatment for a sprained shoulder/rotator cuff is 24 visits. However, the patient is 2 years past the date of surgery, as such chronic pain guidelines were utilized. California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The patient had limited range of motion with flexion at 90 degrees, abduction at 70 degrees, and external rotation at 10 degrees. The patient was noted to have undergone physical therapy post operatively. There was a lack of documentation indicating the quantity of sessions the patient had participated in. Given the patient's decreased range of motion, physical therapy would be appropriate, however, the request for 12 sessions would be excessive. Additionally, the request as submitted failed to indicate the body part the request was for. Given the above and the lack of documentation indicating the necessity to exceed guideline recommendations, the request for 12 sessions of physical therapy is not medically necessary.