

Case Number:	CM13-0070235		
Date Assigned:	05/16/2014	Date of Injury:	08/25/2008
Decision Date:	07/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 injured worker is a 70-year-old male who reported injury on 08/25/2008. The mechanism of injury was a slip and fall. The injured worker underwent multiple urine drug screens. The documentation of 10/14/2013 revealed the injured worker had bilateral shoulder pain and left wrist pain. The injured worker indicated the medications were helping but he had increased pain with cold weather. Without medications the injured worker's pain was 8/10 to 9/10 and with pain medications it was 7/10. The diagnoses included right shoulder rotator cuff tear, right shoulder impingement syndrome, left trochanteric bursitis and pain, tension headaches, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome and neuropathic pain. The treatment plan included a urine drug screen, Ultram 50 mg 1 by mouth q 6 hours for severe pain #120, Medrox patch 1 topically to affected area every 12 hours for muscle pain and stiffness #90, Ketoflex ointment apply topically 3 times a day to affected areas, vitamin D3 with 5000 units 2 by mouth 3 times a week #60, a re-request authorization for physical therapy to the right shoulder and arm and left hip area 2 times a week for 4 weeks and then re-evaluate, ibuprofen 800 mg 1 by mouth twice a day #60 and lisinopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY (PT) FOR THE RIGHT SHOULDER AND ARM, AND LEFT HIP, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: 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.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker reported an injury in 2008. There was a lack of documentation of the injured worker's prior therapy and the injured worker's response to prior therapy. There was a lack of documentation of objective functional deficits to support the necessity for 8 sessions of physical therapy. There were no physical examination findings submitted for review. The original date of request could not be established through supplied documentation. Given the above, the request for outpatient physical therapy (PT) for the right shoulder and arm and left hip 2 times a week for 4 weeks is not medically necessary.

ONE (1) URINE DRUG SCREEN FOR MEDICATION COMPLIANCE: 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: The California MTUS Guidelines recommend urine drug screens when there are documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issue of abuse, addiction or poor pain control. Given the above, the request for 1 urine drug screen for medication compliance is not medically necessary.