MAXIMUS Federal Services

Case Number:	CM14-0003272		
Date Assigned:	01/31/2014	Date of Injury:	01/27/2011
Decision Date:	07/07/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 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 injured worker is a 43-year-old male who reported an injury on 01/28/2011 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 11/20/2013, the injured worker complained of significant neck and right upper back/scapular pain. It was also noted that he had continued right knee pain. It was documented that the injured worker was status post scapular excision. It was noted that the injured worker had difficulty attending physical therapy, as therapy was performed in a different location from the injured worker's place of residence. The physical examination of the right shoulder/scapula revealed sensitivity to light touch with limited abduction and noted painful overhead reach. The physical examination of the right knee revealed lateral and medial joint line tenderness with reduced range of motion. A positive McMurray's test was also noted. It was noted that a urine specimen was obtained to monitor medication use. The diagnoses included right knee internal derangement, right shoulder impingement syndrome, sleep disturbance, umbilical hernia, and status post excision of right scapular lipoma. The treatment plan included 8 visits of physical therapy to be done in the vicinity of the injured worker's location of residence and a urine drug screen to monitor medication use. The request for authorization for 8 visits of physical therapy for the knee and shoulder for right knee for internal derangement and right shoulder impingement syndrome was submitted on 11/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE RIGHT KNEE AND RIGHT SHOULDER X 8 SESSIONS: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that physical medicine is recommended based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from the therapist or medical provider such as verbal, visual, and/or tactile instruction. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercises can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The recommended physical therapy frequency is 8 to 10 visits over 4 weeks, with the fading of treatment frequency, plus active self-directed home physical medicine. In the clinical notes provided for review, it was noted the injured worker had previously been authorized physical therapy; however, he had difficulty attending physical therapy. Furthermore, the number of sessions of physical therapy was not provided. The clinical notes also did not note the progress of the sessions of physical therapy attended thus far with evidence of a home exercise program. There is also lack of evidence of deficits of function, strength, endurance, loss of flexibility, or the injured worker's measurable pain level status. Therefore, the request for physical therapy to the right knee and right shoulder times 8 sessions is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR UDS: Upheld

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

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

Decision rationale: The retrospective request for urine drug screen (UDS) is non-certified. The California Medical Treatment Utilization Schedule MTUS Guidelines state that a drug test is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In the clinical notes provided for review, there is a lack of documentation regarding aberrant behavior and/or misuse of illegal or prescribed medication to warrant the use of a urine drug screen. The documentation also lacks the injured workers prescribed medication regimen. Therefore, the retrospective request for urine drug screen (UDS) is not medically necessary and appropriate.