

<b>Case Number:</b>	CM14-0005158		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 and 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 injured worker is a 61-year-old female who reported an injury on 12/12/2011. The mechanism of injury was the injured worker was pushing carts in the rain, slipped on the asphalt and fell backwards. The injured worker suffered a loss of consciousness and had amnesia. The documentation of 04/16/2013, revealed the injured worker had been referred for physical therapy and aquatic therapy for the shoulders. The most recent documentation was dated 06/10/2013, which revealed the injured worker had ongoing complaints related to the neck, right shoulder and lower back. The physical examination revealed 3+ tenderness to palpation in the clavicle, acromioclavicular (AC) joint, post acromion, levator scapulae, trapezial area, and impingement area and biceps tendon in the right shoulder. The injured worker had 2+ pain in the left shoulder for the same regions. The injured worker had decreased range of motion. The special signs testing was too tender to evaluate bilaterally. The strength was -4 due to pain. The diagnoses included cervical, thoracic and lumbosacral sprain/strain, bilateral shoulder strain, radiation, both upper extremities and spinal de-conditioning. The treatment plan included ongoing therapy and an MRI of the cervical spine, right shoulder and low back. This was the most recent documentation submitted for review. The request, per the application for independent medical review included a 6 panel urine drug test, physical therapy 2 times a week for 5 weeks for the left shoulder and an evaluation with a shoulder specialist for the right shoulder. There was no DWC (Department of Worker's Compensation) Form, Request for Authorization nor PR2 (progress report 2) that was submitted requesting the services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX PANEL URINE DRUG TESTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The Chronic Pain Guidelines recommend urine drug screens when there is documented abuse, addiction or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had met the above criteria. There was no DWC (Department of Worker's Compensation) Form, RFA (request for authorization) or a PR2 (progress report 2) that was submitted requesting the service. Given the above, the request for a six (6) panel urine drug testing is not medically necessary.

**PHYSICAL THERAPY TWO TIMES A WEEK FOR FIVE WEEKS FOR THE LEFT SHOULDER:** 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 Chronic Pain Guidelines indicate that physical medicine with passive therapy can provide short-term relief. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. They do not, however, specifically address the number of sessions nor the shoulder specifically. Therefore, secondary guidelines were sought. According to the Official Disability Guidelines, the treatment for a sprained shoulder is 10 visits. When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. The clinical documentation submitted for review indicated the injured worker had previous physical medicine treatment. There was a lack of documentation indicating the injured worker's objective functional benefit received from the therapy. There was a lack of documentation indicating objective functional deficits to support therapy. Given the above, the request for physical therapy two (2) times a week for five (5) weeks for the left shoulder is not medically necessary.

**EVALUATION WITH SHOULDER SPECIALIST FOR THE RIGHT SHOULDER:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 211-212.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, failure to increase range of motion and strength of musculature around the shoulder even after exercise programs, plus the existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to meet the above criteria. As such, the request for an evaluation with a shoulder specialist is not medically necessary. The clinical documentation submitted for review failed to provide a DWC (Department of Worker's Compensation) Form, RFA (request for authorization) or a PR2 (progress report 2) to support the request.