

Case Number:	CM14-0105565		
Date Assigned:	07/30/2014	Date of Injury:	09/19/1999
Decision Date:	09/26/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine 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:

This is a 56 year old male with a 9/19/1999 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/16/14 noted subjective complaints of neck, shoulder and hip pain. Objective findings included cervical paraspinal tenderness, restricted cervical range of motion (ROM), and right greater trochanteric tenderness. It notes a treatment plan for urine drug screen (UDS) to be performed for medication compliance given the patient is taking Oxycodone and flexeril. Requests hip magnetic resonance imaging (MRI) due to increased right hip pain. Diagnostic Impression: status post anterior cervical discectomy, status post left shoulder rotator cuff repair, hip sprain. Treatment to Date: medication management, discectomy, rotator cuff repair A UR decision dated 6/23/14 denied the request for urine drug screen. There is no documentation of provider concerns over patient use of illicit drugs or non-compliance. There is no documentation of the dates of previous drug screening. It also denied a request for MRI of the right hip. Official Disability Guidelines (ODG) only recommends this imaging study when indications of osseous, articular, or soft-tissue abnormalities are present, which is not currently documented. It also modified a request for physical therapy; 8 sessions and approved 6 sessions. The medical necessity for a current trial of physical therapy has been established and the request is modified for 6 sessions. Further authorizations will require documented objective evidence of derived functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids, differentiation; dependence & addiction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238. Decision based on Non-MTUS Citation DRUG TESTING.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. The provider has documented that the urine drug screen is intended to assess for compliance, and this patient is on chronic opioid therapy. Therefore, the request for urine drug screen was medically necessary.

Magnetic Resonance Imaging (MRI) of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Guidelines Procedure Summary, Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PELVIS AND HIP CHAPTER.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address hip complaints. Official Disability Guidelines (ODG) criteria for hip magnetic resonance imaging (MRI) include osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors; Exceptions for MRI; Suspected osteoid osteoma; or Labral tears. However, the provided documentation available for review only notes the indication as increased hip pain. Additionally, there is no documentation of any negative plain radiographs as an initial imaging modality. Furthermore, there has been no documentation of any interval injury. Therefore, the request for Magnetic Resonance Imaging (MRI) of the right hip was not medically necessary.

Physical therapy, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98-99. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 114.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, with a 1999 original date of injury, it is unclear how many prior sessions of physical therapy the patient has had. There are no physical therapy notes available for review, nor is there any documentation of the functional benefits of prior therapy sessions. Furthermore, there is no clear documentation of an acute injury that would warrant physical therapy. Therefore, the request for physical therapy, 8 sessions was not medically necessary.