

Case Number:	CM14-0171412		
Date Assigned:	10/23/2014	Date of Injury:	01/05/2011
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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:

Patient is a 53 year-old female with date of injury 01/05/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/11/2014, lists subjective complaints as pain in the neck and right shoulder. Objective findings: Examination of the cervical spine revealed positive cervical compression test on the right, positive Jackson's test on the right, and positive Romberg's test on the right. Examination of the right shoulder revealed positive Apprehension test, Neer's sign, and Hawkins sign. Decreased sensation was noted on the C5-C6 dermatome on the right. Diagnosis: 1. cervical intervertebral disc displacement without myelopathy 2. Right upper extremity radiculopathy 3. Acromioclavicular joint arthritis. Patient has been approved for 12 physical therapy sessions to the right shoulder to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; 12 sessions (3x4), right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy; 12 sessions (3x4), right shoulder is not medically necessary.

Urine toxicology screen: Upheld

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

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. There is no documentation in the medical record that a urine drug screen is necessary for any of the above indications. Urine toxicology screen is not medically necessary.