

Case Number:	CM14-0036995		
Date Assigned:	06/25/2014	Date of Injury:	07/09/2012
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/27/2014

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 23-year-old female who reported an injury on 07/09/2012. The mechanism of injury was not provided in the medical records. The clinical note dated 02/19/2014 indicated the injured worker had persistent pain in her neck as well as her right shoulder. On physical examination of the cervical spine, forward flexion was 55 degrees, extension 60 degrees, right lateral bending 30 degrees, left lateral bending 30 degrees, right and left rotation 75 degrees. The injured worker's lumbar spine range of motion was decreased. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, chiropractic therapy, and medication management. The injured worker's medication regimen included Ultram. The provider submitted request for physical therapy and a 6 panel urine drug test, and tramadol/APAP. A request for authorization dated 02/24/2014 was submitted for physical therapy, tramadol/APAP, and 6 panel urine drug testing; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with emphasis on right shoulder rehab at 2 times a week for 6 weeks:
Upheld

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

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

Decision rationale: The California MTUS states 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note 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. The documentation submitted indicated the injured worker completed at least 12 prior sessions of physical therapy; however, there is a lack of documentation indicating the efficacy of the prior therapy. In addition, there is lack of documentation of an adequate shoulder exam demonstrating the injured worker had decreased functional ability, range of motion, and strength or flexibility. Furthermore, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Therefore, the request for physical therapy with emphasis on right shoulder rehab at 2 times a week for 6 weeks is not medically necessary.

6 panel Urine Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

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

Decision rationale: The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The documentation submitted did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, it was not indicated when the last urine drug screen was performed. Therefore, the request for 6 panel urine drug testing is not medically necessary.

Tramadol/Apap 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed tramadol/APAP since at least 01/10/2014. This exceeds the guideline recommendation for short acting. In addition, there is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request for tramadol/APAP 37.5/325 mg #60 tablets is not medically necessary.