

Case Number:	CM14-0038262		
Date Assigned:	06/27/2014	Date of Injury:	06/01/2009
Decision Date:	08/14/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/01/2014

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, and is licensed to practice in Illinois. 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 64-year-old female who reported an injury after repetitive bending on 06/01/2009. The clinical note dated 02/25/2014 indicated diagnoses of chronic myofascial pain syndrome of the cervical spine, left C5 radiculopathy, sprain injury of the left shoulder, and mild to moderate left ulnar nerve entrapment at the left elbow/medial epicondylitis. The injured worker reported frequency pain and numbness in her left arm and left elbow, as well as painful movements of the left shoulder. The injured worker reported her left shoulder had been improving after she received a steroid injection. The injured worker reported constant neck and upper back pain that was getting relief with her current medications. The injured worker reported her current pain and discomfort impacted her general activity and enjoyment of life and impacted her sleep. The injured worker reported depression and rated her depression at 3/10. The injured worker reported she worked with restrictions. On physical examination of cervical spine, the range of motion was restricted in all planes. There were multiple myofascial trigger points and taut bands throughout the cervical paraspinal trapezius, levator scapula, scalene, and infraspinatus musculature. The injured worker's range of motion of the left shoulder was slightly decreased in all directions. There was palpable tenderness noted to the left medial epicondylar area; sensation to fine touch and pinprick was diffusely decreased in the C6-7 area. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included naproxen, mirtazapine and tramadol. The provider submitted requests for aquatic therapy and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, page 43 Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or that the injured worker was suspected of illegal drug use. Moreover, there was also no evidence of opioid use. Therefore, the request for a urine drug screen is not medically necessary.

Aquatic Therapy: 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 aquatic therapy, page 22 Page(s): 22.

Decision rationale: The request for aquatic therapy is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is a lack of documentation regarding the injured worker's inability to participate in land-based exercises, such as decreased weight bearing or obesity. In addition, there is a lack of objective clinical findings of orthopedic or neurological deficiencies to support aquatic therapy. Moreover, the request did not specify a time frame for the therapy. Additionally, the injured worker has undergone prior therapy. However, the number of sessions and efficacy were not provided to support additional sessions. Therefore, the request for aquatic therapy exercises is not medically necessary.