

Case Number:	CM14-0044587		
Date Assigned:	07/02/2014	Date of Injury:	11/14/2006
Decision Date:	12/30/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Interventional Spine 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 patient is a 61 year old female with the injury date of 11/14/2006. The patient presents pain in her right shoulder, radiating down right upper extremity. The patient rates her pain as 5-6/10 on the pain scale. The patient has difficulty in reaching, lifting, or cooking. There is palpative tenderness over the AC joint. The range of right shoulder motion is limited. The patient shows FF 160, ABD 165, ER 70, with strength 4-5 /5 to 5-/5. Per 02/28/2014 progress report, the patient is taking Norco, Naprosyn and topical creams. Diagnoses on 02/18/2014 1) Right shoulder impingement syndrome 2) Recurrent rotator cuff tear of right shoulder 3) s/p right shoulder arthroscopy on 10/04/2007 The utilization review determination being challenged is dated on 03/10/2014. Treatment reports were provided from 11/01/2013 to 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times per week for 4 weeks for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents pain in her right shoulder. The request is for additional 8 sessions of physical therapy. The review of the reports suggests that the right shoulder surgery had occurred on 10/04/2007, and current request for 8 sessions of therapy appears outside of post-surgical time-frame. For non-post-operative therapy treatments California Medical Treatment Utilization Schedule (MTUS) guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the review of the reports shows that the patient recently underwent 12 sessions of physical therapy with "decreased pain level, increased functional activity tolerance and increased postural awareness. The treater has asked for additional therapy but there is no discussion regarding the patient's home exercise program why on-going formalized therapy is needed. The patient has a good range of motion (ROM) and it would appear that a home exercise program would be reasonable. Furthermore, the current 8 sessions combined with 12 already received would exceed what is recommended per MTUS guidelines. Treatment is not medically necessary and appropriate.

Urine Medication Test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing

Decision rationale: The patient presents with chronic pain in her right shoulder. The request is for urine medication test. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend the following: "Toxicology exams are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids." While MTUS Guidelines do not specifically address how frequent Urine Drug Screening (UDS) should be obtained for various risks of opiate users, Official Disability Guidelines (ODG) Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, there are no reports that specifically discuss this request. The treater may have intended to request a "urine medication test" for the management of opioid medications, since the patient has been utilizing Norco. The utilization review letter on 03/10/2014 indicates that that the patient underwent urine toxicology in the past and the date is not provided. ODG and MTUS do support periodic urine toxicology for opiate management. Treatment is medically necessary.