

Case Number:	CM14-0059439		
Date Assigned:	07/09/2014	Date of Injury:	06/09/2011
Decision Date:	09/16/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/29/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 48 year old employee with date of injury of 6/9/2011. Medical records indicate the patient is undergoing treatment for myoligamentous cervical spine sprain/strain; rotator cuff tear, right shoulder; impingement syndrome, right shoulder; status-post right carpal tunnel release (10/22/2012) and status-post left carpal tunnel release (1/15/2013). Subjective complaints include "stabbing" neck, right shoulder and bilateral wrist pain. She rates her pain as 9/10 and the pain increases with standing, lifting, mopping, pushing, gripping and grasping. The pain decreases while sleeping, with medication, stretching and rest. Objective findings include a normal gait and normal arm swing. She has mild tenderness to palpation of the cervical and upper thoracic paraspinal region. The trapezius muscle group is tender to palpation on the right. There is mild loss of cervical motion. No spasm is noted. She has a positive Hawkin's impingement maneuver and a positive Neer's impingement sign. X-rays of the cervical spine reveal degenerative changes at C4-C5 and C5-C6. Treatment has consisted of Motrin, Tylenol with Codeine, Percocet, Zoloft, Ibuprofen, Atarax, Clonazepam and physical therapy. She has been authorized for a right shoulder diagnostic arthroscopy with subacromial decompression, repair of the rotator cuff and excision of the distal clavicle. The utilization review determination was rendered on 3/27/2014 recommending non-certification of Post-operative Physical Therapy two times a week for twelve weeks, DME/ARC 2.0 abduction pillow, Cold compression Unit for two weeks and Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy two times a week for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Official Disability Guidelines would recommend up to, 24 post-operative physical therapy visits over 14 weeks for a rotator cuff repair. Additionally, Official Disability Guidelines states concerning physical therapy "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The utilization reviewer on 3/27/2014 approved 12 physical therapy sessions. Additional sessions may be warranted based on the progress during the initial treatment sessions. The request is for 2 visits a week over 12 weeks which is in excess of the Official Disability Guidelines. The treating physician provided no documentation of exceptional factors. As such, the request for Post-operative Physical Therapy two times a week for twelve weeks is not medically necessary.

DME/ARC 2.0 abduction pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Post-Operative Pillow Sling.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative abduction pillow sling.

Decision rationale: MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. The Official Disability Guidelines states that postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use. There is no evidence in the guidelines for use after the initial 7 days nor do the guidelines recommend an unspecified duration. The request for Cold compression Unit for two weeks is in excess of the 7 days recommended. As such the request, for a Cold Compression Unit for two weeks is not medically necessary.

Cold compression Unit for two weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Knee; cold compression therapy.

Decision rationale: MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. ODG states that postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use. There is no evidence in the guidelines for use after the initial 7 days nor do the guidelines recommend an unspecified duration. The request for Cold compression Unit for two weeks is in excess of the 7 days recommended. As such the request, for a Cold Compression Unit for two weeks is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Opioids and Substance abuse Page(s): 74-96,108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg. 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening for inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening." There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags. "Twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urine Drug Screen is not medically necessary.