

<b>Case Number:</b>	CM14-0063919		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 53-year-old male who reported an injury after lifting a water heater 01/15/2010. The clinical note dated 04/23/2014 is handwritten and hard to decipher. The injured worker's diagnoses indicate a right shoulder I.D., right hand dysfunction, and right hand symptoms times 2. The injured worker reported right shoulder pain rated 3/10 to 6/10 and right hand pain that continued with symptoms. On physical examination, tenderness at the right shoulder joint line and tenderness at the right hand with weakness. The injured worker's treatment plan included waiting for Agreed Medical Evaluation report, DYNA splint, continued pain medication, a urine toxicology screen, continue physical therapy, and return to clinic in 30 to 45 days. The injured worker's prior treatment included physical therapy and medication management. The provider submitted a request for a urine toxicology screen and physical therapy. A Request for Authorization dated 04/10/2014 was submitted for physical therapy; 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:

**URINE TOX SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
URINE DRUG TESTING.

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

**Decision rationale:** The 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 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. In addition, there is also no evidence of opioid use. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for a urine toxicology screen is not medically necessary.

**PT RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** The California MTUS 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. 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. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the number of sessions the injured worker has completed to warrant additional therapy. In addition, there is lack of documentation including an adequate complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, decreased strength or flexibility. Moreover, the injured worker was modified for 6 visits of physical therapy on 04/30/2014. The efficacy of that physical therapy is needed. Moreover, the request does not indicate a time frame. Therefore, the request for physical therapy of the right shoulder is not medically necessary.