

Case Number:	CM14-0078734		
Date Assigned:	07/18/2014	Date of Injury:	04/15/2011
Decision Date:	10/02/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with a 4/15/11 date of injury, status post right ulnar nerve transposition and right carpal tunnel release on 1/23/13, and status post right thoracic outlet syndrome surgery on 1/6/14. At the time (4/16/14) of request for authorization for Physical Therapy x 12 sessions cervical spine/ right upper and Urine drug screening x 1, there is documentation of subjective (ongoing moderate to severe pain in the neck, right shoulder, and right elbow) and objective (painful and limited range of motion of the right shoulder, and painful and limited range of motion of the right elbow) findings, current diagnoses (chronic cervical spine strain with myofascial pain component, right thoracic outlet syndrome status post surgery on 1/6/14, complex regional pain syndrome of the right upper extremity, right cubital tunnel syndrome, bilateral carpal tunnel syndrome, and status post right ulnar nerve transposition and right carpal tunnel release on 1/23/13), and treatment to date (at least 6 weeks of physical therapy sessions and ongoing treatment with Norco). In addition, medical report identifies urine drug screens performed on 10/28/13 and 1/21/14. Regarding Physical Therapy x 12 sessions cervical spine/ right upper, the number of previous physical therapy treatments cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Regarding Urine drug screening x 1, there is no documentation of abuse, addiction, or poor pain control, and that the patient is at "moderate risk" of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 Sessions Cervical Spine/Right Upper Extremity: 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 and Other Medical Treatment Guideline or Medical Evidence: Title 8, Californi. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical sprain/strain not to exceed 10 visits over 8 weeks. ODG also notes 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 requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of chronic cervical spine strain with myofascial pain component, right thoracic outlet syndrome status post surgery on 1/6/14, complex regional pain syndrome of the right upper extremity, right cubital tunnel syndrome, bilateral carpal tunnel syndrome, and status post right ulnar nerve transposition and right carpal tunnel release on 1/23/13. In addition, there is documentation of previous physical therapy. However, despite documentation of at least 6 weeks of physical therapy, there is no (clear) documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy x 12 sessions cervical spine/ right upper is not medically necessary and appropriate.

Urine Drug Screening x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of chronic cervical spine strain with myofascial pain component, right thoracic outlet syndrome status post surgery on 1/6/14, complex regional pain syndrome of the right upper extremity, right cubital tunnel syndrome, bilateral carpal tunnel syndrome, and status post right ulnar nerve transposition and right carpal tunnel release on 1/23/13. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. In addition, given documentation of urine drug screens performed on 10/28/13 and 1/21/14, there is no documentation that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for Urine drug screening x 1 is not medically necessary and appropriate.