

Case Number:	CM14-0078960		
Date Assigned:	07/21/2014	Date of Injury:	01/25/2002
Decision Date:	08/26/2014	UR Denial Date:	05/07/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 64-year-old with a work injury dated January 25, 2002. The diagnoses include chronic cervical strain with kyphotic deformity, lumbosacral degenerative disc disease with degenerative scoliosis, left shoulder rotator cuff tear with status post operative arthroscopy with residuals, right knee meniscal tear with status post operative arthroscopy with residuals, early right knee medial compartment osteoarthritis,. Multiple non-orthopedic issues deferred. Under consideration is a request for physical therapy two (2) times a week for six (6) weeks for a total of twelve (12) sessions and Urine Drug Screen. There is a primary treating physician (PR-2) document dated 4/9/14 that states that the patient complains of persistent neck pain, 6/10 which is frequent, and improving; lower back pain, 7/10 which is frequent and improving; right shoulder pain, 4/10, and right knee pain, 4/10, both frequent, but improving with the eight sessions of physical therapy she just completed. She is not working. On physical exam the cervical spine revealed slightly decreased range of motion with flexion at 45 degrees, extension at 55 degrees, right and left lateral flexion at 35 degrees, right and left lateral flexion at 35 degrees, and right and left rotation at 70 degrees. There was tenderness to the paraspinals and trapezius muscles, -right greater than left. There was positive shoulder depression and positive Spurling's on the right. There was normal strength bilaterally 5/5 at C5, C6, C7, and C8. There was decreased sensation 4/5 on the right at C5, C6, C7, and C8, but normal sensation 5/5 on the left at C5, C6, C7, and C8. Deep tendon reflexes were 1+ bilaterally at the brachioradialis and triceps. Examination of the lumbar spine revealed decreased range of motion with flexion at 50 degrees, extension at 15 degrees, and right and left lateral flexion were also 15 degrees. There was tenderness to the paraspinals, right greater than left. There was positive Kemp's sign bilaterally and positive straight leg raise at 70 degrees to posterior thigh. There was decreased

strength 4/5 on the right at L4, L5 and S1, but normal sensation 5/5 on the right at L4, L5, and S1. On the left, there was normal strength and sensation 5/5 at L4, L5, and S1. Deep tendon reflexes were 1+ bilaterally at patellar and Achilles tendon. Examination of the right shoulder revealed decreased range of motion with flexion at 170 degrees, extension at 40 degrees, abduction at 170 degrees, adduction at 40 degrees, internal rotation at 60 degrees, and external rotation at 70 degrees. There was painful arc over 135 degrees and acromioclavicular joint tenderness. Also, there was decreased strength 4/5 with flexion and abduction. Examination of the right knee revealed decreased range of motion with flexion at 140 degrees and extension at 0 degrees. There was tenderness to the medial joint line. There was positive valgus and varus. There was decreased strength 4/5 at the quadriceps muscle. The treatment plan states that request authorization for an additional course of therapy two times a week for six weeks for the cervical spine, lumbar spine, right shoulder, and right knee as she just completed the eight sessions and it showed tremendous improvement and increase in her range of motion. A urine toxicology screen is requested. A progress note, dated January 22, 2014, indicates a patient started a trial of Flexeril #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen for next visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing page 43; Opioids, steps to avoid misuse/addiction Page(s): page 94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that frequent random urine toxicology screens can be used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse. The Chronic Pain Medical Treatment Guidelines states that urine drug screen is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The patient does not appear to be taking opioids from the documentation submitted therefore a urine drug screen is not medically necessary or appropriate.

Physical therapy twice weekly for six weeks: 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): p.98-99.

Decision rationale: The documentation indicates that the patient has already had eight sessions of physical therapy. The guidelines recommend up to ten visits for her condition. An additional twelve sessions would exceed guideline recommendations. There are no extenuating factors from the documentation submitted that would warrant an addition twelve factors. The patient should

be versed in a home exercise program. The request for physical therapy twice weekly for six weeks is not medically necessary or appropriate.