

Case Number:	CM14-0196856		
Date Assigned:	12/04/2014	Date of Injury:	03/26/2003
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

This 39-year old female sustained a work related injury on 3/26/2003. The current diagnosis is cervical spine disc herniation (C5-C6), possible right carpal tunnel syndrome, and right DeQuervain's release times two (2005 and 2014). Progress report was dated 10/15/2014 indicate the injured workers chief complaints were progressive neck pain that radiates to her arm causing weakness. Additionally, she complains of right hand and wrist pain with weakness, numbness, and tingling in all five fingers of the right hand. Physical exam of the cervical spine revealed marked tenderness along the trapezius muscle bilaterally with associated spasm. Range of motion is limited. Neurologic compression tests are positive. Examination of the right hand and wrist revealed tenderness about the dorsal aspect of the wrist. Grip test is 10/10/0 on the right and 30/30/20 on the left. Carpal tunnel compression test was positive. There is decreased sensation to light touch. On this date, the treating physician prescribed physical therapy to the neck, right hand, and wrist and urine toxicology screen, which is now under review. The physical therapy was prescribed specifically to help alleviate symptoms non-operatively. In addition to physical therapy and urine toxicology screen, the treatment plan included an EMG/NCS of the right upper extremity. X-rays of the cervical spine show significant loss of cervical lordosis. X-rays of the right hand and wrist show mild soft tissue swelling. When the physical therapy and urine toxicology scree were first prescribed work status was modified duty. Her overall progress is guarded. On 10/31/2014, Utilization Review had non-certified a prescription for physical therapy to the neck, right hand and wrist and urine toxicology screen. The physical therapy was non-certified based on no documentation of previous physical therapy, as the injury was over one year ago. The urine toxicology was non-certified based on no documentation that the injured worker takes an opioid. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, right hand/wrist 3 x 4: 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 Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Hand (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis 9 visits over 8 weeks Sprains and strains of neck 10 visits over 8 weeks ODG writes regarding hand and wrist physical therapy, Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Trigger finger (ICD9 727.03): Post-surgical treatment: 9 visits over 8 weeks Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks. Regarding physical therapy, ODG states "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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The Physical therapy for the neck, right hand/wrist 3 x 4 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

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 or

inpatient treatment was 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. ODG further clarifies frequency of urine drug screening: - "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. The medical records provided do not indicate that the patient is to initiate medications that would require monitoring. No reason for drug testing was given. As such, the current request for Urine Drug Screen is not medically necessary.