

Case Number:	CM15-0145853		
Date Assigned:	08/06/2015	Date of Injury:	05/26/2010
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 73 year old male who sustained an industrial injury on 5-26-2010. He reports pain in the neck, lower back, bilateral shoulders, left wrist, and left hand and rates his pain a 7-8 out 10. Diagnosis include status post right shoulder rotator cuff repair, chronic cervical strain, chronic lumbar spine strain with disc herniation and lower extremity radicular pain, and left carpal tunnel syndrome, status post release. Treatment has involved rest and medications. Examination of the cervical spine noted tenderness to palpation. There was full active range of motion in all planes. Examination of the right shoulder revealed increased range of motion with flexion to 125 degrees, abduction to 110 degrees, extension and adduction to 40 degrees and internal rotation to 60 degrees and external rotation to 70 degrees. Examination of the left wrist revealed slight decreased range of motion. Examination of the left shoulder noted tenderness to palpation. Abduction was limited. There was tenderness to the lumbar spine. Examination of the right knee revealed decreased range of motion with flexion 120 degrees and extension 0 degrees. There was plus 1 swelling at the medial and lateral aspects superiorly in respect to the patella. There was also tenderness to the medial and lateral joint lines. The treatment plan included TENS unit, physical therapy, topical cream, and a urine toxicology screen. The treatment request included physical therapy for the cervical, lumbar, and right upper extremity, TENS unit, and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4, cervical/lumbar/right upper extremity: 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): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the cervical, lumbar and right upper extremity is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right shoulder rotator cuff repair; chronic cervical spine strain; chronic lumbar spine strain with disc herniation and lower extremity radicular pain; and left carpal tunnel syndrome, status post release. The date of injury is May 26, 2010. Request for authorization is July 9, 2015. According to a June 24, 2015 progress note, subjectively the injured worker complains of neck pain, low back pain, right shoulder and left wrist pain 8/10. Medications include tramadol and omeprazole. Objectively, there is tenderness to palpation over the cervical paraspinal muscle groups. There is tenderness with decreased range of motion of the right shoulder with decreased range of motion of the left wrist. The injured worker had physical therapy as far back as 2013. The total number of physical therapy sessions to date are not specified in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Based on clinical information medical record, peer-reviewed evidence-based guidelines, unspecified number of prior physical therapy with documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times four weeks to the cervical, lumbar and right upper extremity is not medically necessary.

30 day trial TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 30 day trial TENS unit is not medically necessary. TENS is not

recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post right shoulder rotator cuff repair; chronic cervical spine strain; chronic lumbar spine strain with disc herniation and lower extremity radicular pain; and left carpal tunnel syndrome, status post release. The date of injury is May 26, 2010. Request for authorization is July 9, 2015. According to a June 24, 2015 progress note, subjectively the injured worker complains of neck pain, low back pain, right shoulder and left wrist pain 8/10. Medications include tramadol and omeprazole. Objectively, there is tenderness to palpation over the cervical paraspinal muscle groups. There is tenderness with decreased range of motion of the right shoulder with decreased range of motion of the left wrist. The treating provider is requesting a 30 day TENS trial (as a prelude to TENS) as a primary modality. Physical therapy is not clinically indicated. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Additionally, the treating provider does not specify the anatomical location for TENS application. There are no specific short or long-term goals documented. Consequently, absent documentation for the specific anatomical location, specific short and long-term goals concurrent physical therapy, 30 day trial TENS unit is not medically necessary.

Urine toxicology 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, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are status post right shoulder rotator cuff repair; chronic cervical spine strain; chronic lumbar spine

strain with disc herniation and lower extremity radicular pain; and left carpal tunnel syndrome, status post release. The date of injury is May 26, 2010. Request for authorization is July 9, 2015. According to a June 24, 2015 progress note, subjectively the injured worker complains of neck pain, low back pain, right shoulder and left wrist pain 8/10. Medications include tramadol and omeprazole. Objectively, there is tenderness to palpation over the cervical paraspinal muscle groups. There is tenderness with decreased range of motion of the right shoulder with decreased range of motion of the left wrist. The treating provider has requested multiple urine drug toxicology screens in the medical record. There is no documentation demonstrating aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale, evidence of drug misuse or abuse and aberrant drug-related behavior and a risk assessment, urine toxicology screen is not medically necessary.