

<b>Case Number:</b>	CM15-0209636		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 52-year-old female, who sustained an industrial-work injury on 5-8-14. A review of the medical record indicates that the injured worker is undergoing treatment for cervicothoracic spine strain with weakness of the left shoulder rule out radiculopathy, left shoulder strain with impingement, left elbow medial and lateral epicondylitis, and left wrist carpal tunnel syndrome. The physician indicates that electromyography (EMG) -nerve conduction velocity studies (NCV) of the upper extremities done 7-6-15 reveal that there is no cervical radiculopathy and borderline left carpal tunnel syndrome. The left shoulder Magnetic Resonance Imaging (MRI) dated 8-4-15 reveals moderate to severe degenerative changes and small inferior distal clavicle osteophytes impingement, tendinitis without complete tear, superior labrum tear and degeneration. Treatment to date has included pain medication, Tramadol, Ibuprofen, topical compounded cream, Prilosec, acupuncture at least 6 sessions with benefit, shockwave therapy with temporary benefit, left shoulder injections with temporary relief, 1 left upper trapezius trigger point injection with temporary relief, and other modalities. Per the treating physician, report dated 9-29-15 the injured worker is released to modified duties. Medical records dated 9-29-15 indicate that the injured worker complains of constant pain in the neck and left shoulder that increases with overhead or backward movements, far reaching and painful clicking. She also complains of left wrist pain. The medical records also indicate that self-care activities and activities of daily living (ADL) are performed slowly and with discomfort. She reports that she can only walk about a mile; sit, stand or walk for 30 to 60 minutes and sleep is disturbed due to pain. The physical exam reveals range of motion of the left shoulder demonstrates 90 degrees of flexion, 85 degrees of abduction, 80 degrees of

internal fixation, 55 degrees of external rotation and impingement test is positive. There is no previous urine drug screen reports noted. The requested services included Physical therapy 2 times a week for 3 weeks QTY 6.00 for the left shoulder, cervical spine and left wrist and Urine drug screen, qualitative QTY 1.00. The original Utilization review dated 10-19-15 non-certified the request for Physical therapy 2 times a week for 3 weeks QTY 6.00 for the left shoulder, cervical spine and left wrist and Urine drug screen, qualitative QTY 1.00 is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy 2 times a week for 3 weeks QTY 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the guidelines, 8-10 sessions of physical therapy is appropriate for most musculoskeletal disorders. In this case, the claimant completed at least 18 sessions of chiropractor therapy. There was a request for physical therapy in July 2015 for 6 sessions of therapy. The amount of therapy completed in the past is unknown. There is no indication that therapy cannot be completed at home. An additional 6 sessions of physical therapy is unnecessary.

#### **Urine drug screen, qualitative QTY 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.