

Case Number:	CM15-0216145		
Date Assigned:	11/05/2015	Date of Injury:	05/07/2006
Decision Date:	12/18/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/03/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old male who sustained an industrial injury on 5-7-06. A review of the medical records indicates he is undergoing treatment for left shoulder adhesive capsulitis, left shoulder rotator cuff syndrome - rule out tear, status post left shoulder manipulation under anesthesia, arthroscopic subacromial decompression, and arthroscopic lysis of adhesions 11-21-06, and status post left shoulder arthroscopy with subacromial decompression, lysis of adhesions, capsular release, and manipulation under anesthesia on 1-3-07. Medical records (7-3-15, 7-23-15, 8-2-15, 9-2-15, 9-13-15, and 9-24-15) indicate ongoing complaints of left shoulder pain, rating "6-9 out of 10". The injured worker reports that the use of Motrin decreases his pain down to "4 out of 10". The injured worker indicates complaints of night pain, stiffness, spasm, and weakness on the "Patient Complaints" worksheet of the 9-24-15 visit. He reports to the provider that he has had a "recent flare-up" due to exercising, where he felt a "pop" in the left shoulder. The physical exam (9-24-15) reveals decreased range of motion of the left shoulder. Tenderness to palpation is noted of the trapezius with hypertonicity. Neer's and Hawkins' impingement tests are noted to be positive. Muscle strength is noted to be "4 out of 5". Sensation is noted to be "normal". Treatment has included oral Motrin, a topical compound cream, and a left shoulder cortisone injection. The treatment recommendations include physical therapy two times a week for three weeks for flare-up of the left shoulder and a urine toxicology screen. The treating provider indicates that a urine toxicology screen "is requested as part of a pain-treatment agreement during opioid therapy". The injured worker is noted to be "currently working" (9-24-15). The utilization review (10-22-15) includes requests for authorization of urine toxicology screening and physical therapy twice weekly, left shoulder - QTY: 8. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the submitted records do not indicate that the injured worker is being treated with opioids. Nor does the documentation support that the worker demonstrates aberrant behavior or that there is a concern for abuse potential or illicit drug use. The request for a urine drug screen is not supported by the cited guidelines and therefore is not medically necessary.

Physical therapy twice weekly for 4 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: ODG Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Arthritis (Osteoarthrosis; Rheumatoid arthritis; Arthropathy, unspecified): Medical treatment: 9 visits over 8 weeks. In this case the exam note form 9/24/15 notes that the injured worker is having symptoms consistent with osteoarthritis of the glenohumeral and acromioclavicular joints. The documentation also supports that he has been treated with left shoulder arthroscopy x 2 in the past (2006, 2007). It is unclear whether the injured worker has been treated with physical therapy in the past, how many visits and whether he experienced functional improvement. There is no indication that he is performing a home exercise program. Therefore, the request is not medically necessary.