

Case Number:	CM15-0033783		
Date Assigned:	02/27/2015	Date of Injury:	05/01/2009
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48-year-old female who sustained a work related injury on May 1, 2009, where she worked as a janitor and injured her left shoulder and arm when lifting a vacuum cleaner. Treatment included physical therapy, anti-inflammatory drugs, steroid injections and pain medication. She was diagnosed with cervical radiculopathy, lumbosacral radiculopathy, wrist tendonitis, and elbow tendinitis and knee tendonitis. She underwent a left shoulder arthroscopic and a right total rotator cuff repair. Currently, the injured worker complained of increased pain in the shoulders, lumbar spine pain, paresthesias and numbness of the lower extremities. On February 13, 2015, a request for 12 sessions of physical therapy between February 6, 2015 and May 11, 2015 and a request for one urine toxicology screen between February 6, 2015 and May 11, 2015, was non-certified by Utilization Review, noting Official Disability Guidelines, California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines recommends up to 10 visits of physical therapy for the injured employees diagnosis. The attached medical record indicates that the injured employee has had left and right shoulder surgery and has participated in physical therapy for both shoulders. She has almost certainly received instruction on home exercise as well. Without justification to revisit formal physical therapy, this request is not medically necessary.

1 urine toxicology screen: Overturned

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 Opioids Page(s): 78.

Decision rationale: I respectfully disagree with the UR physician. The California MTUS guidelines recommends urine drug screening if there is documentation of misuse of medications. The injured employee has had a previous urine toxicology screening performed on November 21, 2014, which was inconsistent and did not detect the injured employees prescribed Ultram. Considering this potential misuse of medications this request for another urine toxicology screening is medically necessary.