

Case Number:	CM15-0036652		
Date Assigned:	03/05/2015	Date of Injury:	06/07/2013
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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 37 year old female, who sustained an industrial injury on 06/07/2013. She has reported right shoulder pain. The diagnoses have included adhesive capsulitis of the right shoulder and impingement syndrome of the right shoulder. Treatment to date has included medications, physical therapy, and recent surgical intervention. Medications have included Norco. A progress note from the treating physician, dated 01/07/2015, documented a follow-up visit with the injured worker. The injured worker reported tightness and throbbing of the cervical spine; right shoulder pain rated 10/10 on the visual analog scale; and physical therapy has helped. Objective findings included anterior tenderness and limited range of motion to the cervical spine and right shoulder; and the injured worker completed all physical therapy sessions, but she continues with weakness in the internal and external rotation. An ultrasound-guided cortisone injection was administered to the right shoulder. The treatment plan has included request for prescription medication, urine toxicology screen, and an additional twelve physical therapy sessions to improve function and range of motion to the right shoulder. On 01/27/2015 Utilization Review modified a prescription of Physical therapy 3 x 4 to the right shoulder, to Physical therapy 6 additional sessions; and noncertified a prescription for Urine toxicology screen. The CA MTUS was cited. On 02/26/2015, the injured worker submitted an application for IMR for review of a prescription of Physical therapy 3 x 4 to the right shoulder; and a prescription for 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 3 x 4 to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG guidelines and shoulder chapter- physical therapy pg 27.

Decision rationale: According to the ODG guidelines, physical therapy is indicated for up to 16 visits for adhesive capsulitis over 8 weeks. In this case, the claimant completed 12 sessions of physical therapy. There was no indication that the additional therapy sessions cannot be completed at home. As a result, the request for additional 12 sessions is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

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.