MAXIMUS Federal Services

Case Number:	CM15-0045255		
Date Assigned:	03/17/2015	Date of Injury:	08/04/2014
Decision Date:	04/23/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/10/2015

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 57-year-old male who sustained an industrial injury from a fall off a chair on August 4, 2014. The injured worker was diagnosed with cervical radiculopathy, cervical myospasm, cervical sprain/strain, right shoulder sprain, and right shoulder impingement syndrome. Cervical magnetic resonance imaging (MRI) was performed on January 11, 2015. According to the primary treating physician's progress report on January 15, 2015, the injured worker continues to experience neck pain with stiffness and right shoulder pain with weakness. Examination of the cervical spine demonstrated tenderness to palpation and spasm of the paravertebral muscles with positive left shoulder depression and cervical compression. Decreased range of motion was noted on left lateral bending and rotation. The right shoulder examination noted decreased and painful range of motion with tenderness to palpation of the acromioclavicular and glenohumeral joint, anterior, posterior and lateral shoulder areas with positive supraspinatus press. Current medication is listed as Norco. Treatment plan consist of magnetic resonance imaging (MRI) and X-ray of the right shoulder to rule out pathology, physical therapy to increase range of motion, transcutaneous electrical nerve stimulation (TEN's) trial (authorized) and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines, opioids.

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 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 cervical myospasm; cervical pain; cervical radiculopathy; cervical sprain/strain; rule out cervical disc protrusion; right shoulder impingement syndrome; right shoulder pain; right shoulder sprain/strain; rule out right shoulder internal derangement. The documentation September 25, 2014 progress note shows the treating physician requested 12 physical therapy sessions. In a November 6, 2014, progress note the treating physician requested to physical therapy sessions per week times eight weeks. In that note, the injured worker refused to do any additional office based physical therapy. The injured worker requested he do these exercises at home. The most recent progress note in the medical record dated January 15, 2015 demonstrates the treating physician is now requesting additional physical therapy two times per week times four weeks. There are no compelling clinical facts in the medical record. The guidelines recommend a six visit clinical trial to determine if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. The injured worker refused office-based physical therapy in November 2014. There is no documentation in the medical record stating the injured worker is willing to continue office-based physical therapy. There is no documentation with objective functional improvement of prior physical therapies and home based exercises. Additionally, when treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement with a refusal to continue office-based physical therapy in November 2014, physical therapy two times per week times four weeks is not medically necessary.

Urine drug 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 (ODG), pain, urine drug testing.

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 drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, 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. In this case, the injured worker's working diagnoses are cervical myospasm; cervical pain; cervical radiculopathy; cervical sprain/strain; rule out cervical disc protrusion; right shoulder impingement syndrome; right shoulder pain; right shoulder sprain/strain; rule out right shoulder internal derangement. The documentation in the progress note dated January 15, 2015, did not contain a clinical indication or rationale for a urine drug toxicology screen. The documentation did not contain a current list of medications. There was no risk assessment in the medical record indicating whether the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. There were no prior urine drug toxicology screens in the medical record. There was no clinical indication or rationale in the medical record for the urine drug toxicology screen. Consequently, absent clinical documentation with a clinical indication and rationale along with a current list of current medications, urine drug screening is not medically necessary.