

Case Number:	CM15-0047602		
Date Assigned:	03/19/2015	Date of Injury:	11/27/2013
Decision Date:	05/04/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/12/2015

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

Certification(s)/Specialty: Emergency 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 56 year old female who sustained an industrial injury on 11/27/13. Patient has a diagnosis of cervical sprain, lumbar sprain and right shoulder rotator cuff tear. Current complaints include neck, low back and right shoulder pain. In a progress note dated 01/28/15 the treating provider reports the plan of care as physical therapy and a urine drug screen. Progress notes claims MRI of shoulder shows rotator cuff tear and Xray of cervical spine showed reversal of cervical spine. Actual reports were not provide review to confirm claims in record. Objective exam is only noted as "NVTI to BUE, BLE and tender cervical and LS". Nothing else was documented. Submitted documentation buy provider is poor to non-existent. There is no pain assessment. There is no medication list provided. There is no appropriate assessment of interval history of complaint or an appropriate physical exam. It is unclear if the patient is even on opioids or any other medication. Records from prior UR show patient has had 18 physical therapy sessions since 2013. The requested treatments are physical therapy and a urine drug screen. A letter of appeal by provider dated 2/25/15 was reviewed. The letter provides no clinical information. It contains a wall of prefilled text with various copy and pasted sections from various clinical and medical-legal guidelines with no direct relations to this patient. Not a single piece of clinical information relating to the patient or issues relating to the utilization review was found in the letter of appeal and was therefore found irrelevant to this review.

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 4 weeks to the cervical spine, lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number was not documented but UR records show up to 18 sessions was done since 2013) was completed. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional or new physical therapy sessions are not medically necessary due to poor documentation.

Retro: drug screen full panel on 1-28-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. There is no documentation provided by the provider concerning any medications the patient is currently on, so it is unclear if the patient is even on any opioids. There is no prior UDS reports provided for review or when last UDS was performed. Urine Drug Screen is not medically necessary.