

Case Number:	CM15-0058918		
Date Assigned:	04/03/2015	Date of Injury:	03/05/2014
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation

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 41-year-old female who reported an injury on 03/05/2014. The mechanism of injury was lifting a heavy box and placing it on the floor. The documentation of 03/07/2015 revealed the injured worker had complaints of neck, upper mid back, low back, left shoulder, and left elbow pain and stiffness. The physical examination revealed tenderness to palpation of the cervical paravertebral muscles and left trapezius. The Soto-Hall was positive. There was tenderness to palpation in the paravertebral muscles and lumbar paravertebral muscles. There were muscle spasms in the thoracic paravertebral muscles and a positive Lewin sign. The examination of the lumbar spine additionally revealed a positive Nachlas bilaterally. The injured worker had tenderness to palpation in the lateral elbow and the Cozen's test was positive. The diagnoses included cervical disc protrusion, cervical myofasciitis, lumbar disc protrusion, lumbar sprain/strain, and thoracic sprain/strain, left AC joint sprain/strain, left shoulder impingement syndrome, left shoulder sprain/strain, and left elbow sprain/strain, as well as left lateral epicondylitis. The treatment plan included a urine drug testing, VSNCT testing, acupuncture, chiropractic care, extracorporeal shockwave therapy for the left shoulder, and physiotherapy for the cervical spine, thoracic spine, lumbar spine, left shoulder, and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documented issues of abuse, addiction, or poor pain control. The medications were not provided to support the necessity for a urine drug screen. Given the above, the request for a urine drug screen is not medically necessary.

Physiotherapy 1 time a week for 6 weeks: 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: The California MTUS Guidelines recommend physiotherapy for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review failed to provide documentation of objective findings upon physical examination to support the necessity for physical therapy. There was a lack of documentation of objective functional benefit received from prior therapy and the quantity of sessions previously attended. There was a lack of documentation of objective functional deficits. The request as submitted failed to indicate the body part to be treated. Given the above, the request for Physiotherapy 1 time a week for 6 weeks is not medically necessary.

Extracorporeal shock wave therapy (ESWT): 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), Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The ACOEM Guidelines indicate that shockwave therapy is appropriate for calcifying tendonitis of the shoulder. The clinical documentation submitted for review failed to provide documentation of calcifying tendonitis. The request as submitted failed to indicate the quantity of sessions, as well as the body part to be treated. Given the above, the request for extracorporeal shockwave therapy (ESWT) is not medically necessary.

Orthopedic surgeon consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the request for an orthopedic surgeon consultation was for the cervical spine, lumbar spine, and left shoulder. However, the request as submitted failed to indicate the specific orthopedic consultation being requested. There was a lack of documentation indicating the injured worker had persistent signs and symptoms. Additionally, there was a lack of documentation of the prior conservative care directed specifically at the cervical spine, lumbar spine, and left shoulder. Given the above and the lack of documentation, the request for orthopedic surgeon consultation is not medically necessary.