

Case Number:	CM15-0232359		
Date Assigned:	12/08/2015	Date of Injury:	10/01/2002
Decision Date:	01/13/2016	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/25/2015

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 63 year old male, who sustained an industrial injury on 10-1-2002. Medical records indicate the worker is undergoing treatment for cervical disc disorder with radiculopathy and status post left shoulder arthroscopy. A recent progress report dated 9-17-2015, reported the injured worker complained of neck and left shoulder pain rated 7 out of 10. Physical examination revealed cervical paraspinal tenderness, "decreased cervical and left shoulder range of motion", left trapezius hypertonicity and decreased strength. Treatment to date has included approximately 6 sessions of recent physical therapy, Norco, Naproxen and Soma. The physician is requesting Additional Physical Therapy cervical spine 12 sessions, Urine toxicology screen for next visit and Additional Physical Therapy left shoulder 12 sessions. On 10-29-2015, the Utilization Review non-certified the request for Additional Physical Therapy cervical spine 12 sessions, Urine toxicology screen for next visit and Additional Physical Therapy left shoulder 12 sessions. Urine drug screen dated 1/6/15. No other reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy cervical spine 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 in the past and recently completed 6 PT sessions had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions. Provider claims "increased range of motion" but did not document any objective measures to corroborate this claim. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions or as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions are not medically necessary.

Urine toxicology screen for next visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug screening are an option in monitoring patient on opioid therapy for compliance and aberrant behavior. Last UDS submitted for review is dated 1/6/15. It is unclear if any other UDS was performed more recently since multiple URs show multiple requests for UDS. Provider has failed to document how high risk of abuse is there with this patient and when the last urine drug screen was done. The lack of information does not support request for Urine drug screen. The request is not medically necessary.

Additional Physical Therapy left shoulder 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 in the past and recently completed 6 PT sessions had reported subjective improvement. The provider has failed to document any objective

improvement from prior sessions. Provider claims "increased range of motion" but did not document any objective measures to corroborate this claim. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home-directed therapy with skills taught during PT sessions or as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions are not medically necessary.