MAXIMUS Federal Services

Case Number:	CM14-0163265		
Date Assigned:	10/08/2014	Date of Injury:	08/10/2013
Decision Date:	11/07/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an injury on 08/10/2013. The injured worker reportedly sustained a right upper extremity injury while attempting to catch a falling cart. It is noted that the injured worker is status post right shoulder surgery in 03/2014. The injured worker was evaluated on 08/25/2014 with complaints of 7/10 pain. The injured worker was currently engaged in physical therapy. Physical examination revealed tenderness to palpation of the cervical spine, limited cervical range of motion, positive Spurling's maneuver on the right, limited right shoulder range of motion, positive impingement and Neer testing on the right, diminished shoulder abduction strength, and negative O'Brien's and supraspinatus testing. The current diagnoses include cervical radiculopathy, cervical stenosis, status post OPA of the right shoulder, right frozen shoulder/adhesive capsulitis, right shoulder rotator cuff syndrome, right shoulder full thickness tear, and right lunate avascular necrosis. Treatment recommendations included physical therapy twice per week for 4 weeks, a urine toxicology screening, a pain management specialist referral, and a prescription for Medrol Dosepak. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99,Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. Therefore, the request is not medically appropriate.

1 Prescription for Medrol dosepak: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Oral Corticosteroids

Decision rationale: The Official Disability Guidelines do not recommend oral corticosteroids for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, and given their serious adverse effects, they should be avoided. Therefore, the current request is not medically appropriate.

Request for a pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The injured worker presented with residual shoulder pain. There is no documentation of the current medication regimen or documentation of an exhaustion of conservative treatment prior to the request for a specialty referral. The medical necessity for a pain management specialist referral has not been established at this time. Therefore, the request is not medically appropriate.

Urine toxicology 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) 11th edition (web) 2014 treatment section for pain under the heading of urine drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no mention of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity has not been established. As such, the request is not medically appropriate.