

Case Number:	CM14-0182423		
Date Assigned:	11/07/2014	Date of Injury:	06/04/2012
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This case is a 33 year old male with a date of injury on 6/4/2012. A review of the medical records indicate that the patient has been undergoing treatment for bilateral shoulder arthropathy, left carpal tunnel syndrome, cervical and thoracic sprain, and depression. Subjective complaints (10/9/2014) include left shoulder better than right, 9/10 pain rating with a range of 4-10/10, neck pain that becomes stiff. Objective findings (9/8/2014) include tenderness to palpation to cervical and thoracic paraspinal muscles, well-healed surgical scars to shoulders without tenderness, and decrease in shoulder range of motion. Treatment has included physical therapy (numerous unknown number of sessions), acupuncture (unknown number of sessions), psychotherapy sessions, shoulder surgery (2012, 2013), percocet, ambien, naproxen, and Xanax. A utilization review dated 10/9/2014 non-certified a request for: - Physical therapy 2 times 6 for the cervical spine- Urine testing screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical

Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with: Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Guidelines limit physical therapy treatment to no more than 10 sessions for sprains/strains of the neck. Medical notes indicate that the patient has undergone numerous physical therapy sessions and appears to exceed 10 sessions. The treating physician does not document the reasons why an exception to the guideline is necessary. As such, the request for physical therapy 2 times 6 for the cervical spine is not medically necessary.

Urine testing screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control... [and] documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)" would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: - "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.- "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.- "high risk" of adverse outcomes may require testing as often as once per month. Some medical documents indicate that the patient may be taking Percocet, but it is unclear when this medication was started and how often it is dispensed. The progress notes provided do not document the ongoing usage of this medication. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The treating physician does not outline a rationale for the request for urine drug screening. As such, the request for Urine testing screen is not medically necessary.

