

<b>Case Number:</b>	CM14-0077646		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/24/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 24, 2012. In a Utilization Review Report of May 2, 2014, the claims administrator partially approved a request for eight sessions of physical therapy as two sessions of the same, denied urine drug testing, and denied a TENS unit. The claims administrator seemingly invoked the MTUS Chronic Pain Medical Treatment Guidelines and stated that the applicant had had 12 sessions of physical therapy to date. The applicant's attorney subsequently appealed. In an April 14, 2014 progress note, the applicant reported ongoing complaints of shoulder, wrist, and hand pain, 7/10 with associated numbness, tingling, and paresthesias. An additional eight sessions of physical therapy were sought. The applicant was status post left shoulder surgery on January 18, 2014, it was noted. The applicant exhibited 150 degrees of shoulder range of motion, it was stated. Eight additional sessions of physical therapy were sought. The attending provider stated that the applicant had previously received approval for a TENS unit but that a bone stimulator was delivered instead. A TENS unit purchase was apparently sought while tramadol was refilled. Urine drug testing was also endorsed. The applicant's work status was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Left Shoulder x 8: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The applicant had had 12 sessions of physical therapy through that point in time, the claims administrator had posited. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier left shoulder surgery on January 16, 2014. The MTUS Postsurgical Treatment Guidelines note that a general course of 24 sessions of therapy are recommended following arthroscopic shoulder surgery, as apparently transpired here. MTUS 9792.24.3.c.3 further notes the postsurgical physical medicine treatment may be continued up to the end of the postsurgical physical medicine period in applicants in whom it is determined that further functional improvement can be accomplished. Here, further functional improvement was/is possible. The applicant was making strides with earlier treatment as evinced by normalizing range of motion appreciated on the April 14, 2014 office visit in which the article in question was sought. Therefore, the request is medically necessary.

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, usage and/or purchase of a TENS unit beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. In this case, however, the TENS unit in question was seemingly sought on a purchase basis without evidence of previously successful one-month trial of the same. Therefore, the request is not medically necessary.

**Urine Drug 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 Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's chronic pain chapter urine drug testing topic, however, does state that an attending

provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, it was not clearly stated when the applicant was last tested. The applicant's complete medication list was not clearly attached and/or incorporated into the April 14, 2014 progress note in question. While tramadol was renewed, it was not stated what other medications (if any) was or was not taking. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.