

Case Number:	CM14-0214317		
Date Assigned:	01/07/2015	Date of Injury:	12/03/2008
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 patient is a 48 year old male with an injury date of 12/03/08. The 11/13/14 and 09/18/14 reports state that the patient presents with continuing right shoulder pain, worsening cervical spine and a follow up for the left knee that is doing well. Pain is rated 4/10. He is to remain off work until 01/05/14. No examination is provided in this report. The patient's diagnoses are listed as: 1. Other joint derangement not elsewhere classified. 2. Cervicalgia. 3. Tear of medial and lateral cartilage or meniscus of knee, current. The patient is utilizing heat and ice for discomfort. His knee has improved due to his home exercise program, and he has received aqua therapy for the knee s/p left knee arthroscopy 04/22/14. Medications are not listed in the 11/13/14 and 09/18/14 reports. The 09/03/14 report lists Neurontin and Trazadone. The utilization review is dated 12/02/14. Reports were provided for review from 12/12/13 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy times 12 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical medicine Page(s): 22,98, 99, Postsurgical Treatment Guidelines Page(s): 25, 26.

Decision rationale: The patient presents with continuing right shoulder pain and worsening cervical spine pain. The patient states the left knee is doing well s/p 04/22/14 arthroscopy. The current request is for Aquatic therapy times 12 for the right shoulder per the 11/21/14 RFA and 11/13/14 report. MTUS page 22 states that, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity". MTUS Post-surgical guidelines Page 25, 26 state post-surgical treatment for low back fusion is 34 visits over 16 weeks. MTUS non-postsurgical guidelines pages 98 and 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period for the right shoulder. The reports provided state that the patient received aqua therapy for the left knee and that it was helpful. However, the treater does not explain why reduced weight bearing exercises are needed for the shoulder and why land therapy or a home exercise program is not adequate.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: The patient presents with continuing right shoulder pain and worsening cervical spine pain. The patient states the left knee is doing well s/p 04/22/14 arthroscopy. The current request is for Urine Drug Screen per the 11/21/14 RFA and 11/13/14 report. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. The 11/13/14 report states, "I am requesting authorization for the patient to be administered a urine toxicology screening to check efficacy of medications." There is no evidence of a prior UDS for this patient. Guidelines state UDS is to be conducted for management of chronic opiate use. In this case, reports provided do not show that the patient is prescribed opioids. Therefore, the request is not medically necessary.