

Case Number:	CM14-0215458		
Date Assigned:	01/15/2015	Date of Injury:	10/26/2011
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

FILE NUMBER: CM14-0215458
CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of October 27, 2011. In a Utilization Review Report dated December 15, 2014, the claims administrator failed to approve a request for urine toxicology screen and partially approved a request for 12 sessions of physical therapy for the shoulder as eight sessions of the same. The claims administrator noted that the applicant had had 39 sessions of physical therapy for the shoulder and was still symptomatic. The claims administrator referenced a progress note of November 19, 2014 in its determination. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported persistent complaints of shoulder, knee and hand pain. The attending provider suggested that the applicant pursue 12 additional sessions of physical therapy on the grounds that the applicant had responded favorably to other treatment. The applicant was given refills of Norco, Flexeril, and diclofenac, all of which were dispensed. Protonix was endorsed for gastroprotective effect. The applicant was given work restrictions. Urine drug testing was endorsed. It did not appear that the applicant was working with these suggested limitations in place, although the attending provider failed to clearly outline this particular aspect of the case.
REFERRAL QUESTIONS: 1. No, the request for 12 additional sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various

body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant appeared to be off of work. Rather proscriptive work limitations were imposed via a November 19, 2014 progress note. The applicant remained dependent on opioid agents such as Norco, as suggested on November 19, 2014 progress note. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of 39 prior sessions of physical therapy. Therefore, the request for additional physical therapy was not medically necessary. REFERENCES: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 99, Physical Medicine topic. 2. MTUS Chronic Pain Medical Treatment Guidelines, page 78, Functional Restoration Approach to Chronic Pain Management section. 3. MTUS 9792.20f. 2. The request for a urine toxicology/urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. 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, stipulates that an attending provider clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, and attempt to categorize the applicant into a higher- or lower- risk categories for which more or less frequent testing would be indicated. Here, the attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation in performing drug testing and/or eschew confirmatory/ quantitative drug testing. Since several ODG criteria for pursuit of testing were not met, the request was not medically necessary. REFERENCES: 1. ACOEM Chronic Pain Medical Treatment Guidelines, page 43, Drug Testing topic. 2. ODG Chronic Pain Chapter, Urine Drug Testing topic.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be some demonstration of functional improvement at

various milestones in the treatment program in order to justify continued treatment. Here, the applicant appeared to be off of work. Rather proscriptive work limitations were imposed via a November 19, 2014 progress note. The applicant remained dependent on opioid agents such as Norco, as suggested on November 19, 2014 progress note. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of 39 prior sessions of physical therapy. Therefore, the request for additional physical therapy was not medically necessary.

Urine toxicology 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.

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, stipulates that an attending provider clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, and attempt to categorize the applicant into a higher- or lower- risk categories for which more or less frequent testing would be indicated. Here, the attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation in performing drug testing and/or eschew confirmatory/ quantitative drug testing. Since several ODG criteria for pursuit of testing were not met, the request was not medically necessary.