

<b>Case Number:</b>	CM15-0012488		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	02/16/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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:

The injured worker is a 27 year old female, who sustained an industrial injury on 2/6/13. She has reported neck, arm and back injuries. The diagnoses have included rotator cuff syndrome right shoulder, neuropraxia of suprascapular nerve, dorsoscapular nerve and axontemesis of the long thoracic nerve. Treatment to date has included medications, diagnostics, splinting, and physical therapy. Currently, the injured worker complains of whole arm pain, weakness to the right shoulder and cervical spine. She also complains of right wrist discomfort. She states that there have been no changes and she continues to have pain. The pain is rated a 6/10. She states that the pain returns after the physical therapy is stopped. Treatment was to request additional physical therapy and urine toxicology screen. The current medications were not listed. On 12/31/14 Utilization Review non-certified a request for Physical therapy 2 times per week for 6 weeks for the right shoulder and Urine toxicology screen, noting that she has already undergone significant physical therapy and is not likely to benefit from additional therapy beyond what can be accomplished with a self-directed Home Exercise Program (HEP). Regarding the Urine toxicology screen medical necessity for urine toxicology screen has not been established. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

**Decision rationale:** The applicant is a represented 27-year-old [REDACTED] [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 16, 2013. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve 12 sessions of physical therapy and a urine drug screen. The claims administrator referenced an RFA form of December 13, 2014 and associated progress note of December 11, 2014, in its determination. The applicant's attorney subsequently appealed. On October 23, 2014, the applicant reported 3/10 shoulder and neck pain. An interferential unit rental and urine drug testing were endorsed on this date. A rather proscriptive 10-pound lifting limitation was suggested. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. In a medical-legal evaluation dated December 3, 2014, the medical-legal evaluator noted that the applicant had been off of work, on total temporary disability, since March 2013. The applicant was having difficulty performing activities of daily living as basic as writing, typing, styling her hair, and doing lifting task. The applicant was using Adderall, Motrin, Soma, Norco and oral contraceptives, it was acknowledged. On October 6, 2014, an H-wave device was endorsed. On January 22, 2015, the applicant reported persistent complaints of neck and shoulder pain. The attending provider acknowledged that the applicant had failed to progress with earlier treatment. The attending provider nevertheless sought authorization for 12 additional sessions of physical therapy. Urine drug testing was endorsed. The same, unchanged, seemingly proscriptive 10-pound lifting limitation was renewed. REFERRAL QUESTIONS:1. No, the request for 12 sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The 12 session course of therapy 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. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability. The applicant had not worked since March 2013, it was acknowledged. Receipt of earlier physical therapy in unspecified amounts over the course of the claim had failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts of over the course of the claim. 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 8, Functional Restoration Approach to Chronic Management section.3. MTUS 9792.20f.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

**Decision rationale:** 2. Similarly, the request for urine toxicology screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommended 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 attach an applicant's complete medication list to the request for authorization for testing, notes an attending provider should eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, notes an attending provider should attempt to conform to the best practices of the United States Department of Transportation to perform drug testing, and also notes that an attending provider should attempt to categorize applicant's into higher or lower risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider made no attempt to categorize the applicant into the higher or low risk categorizes for which more or less frequent drug testing would be indicated. 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 or drug panels he intended to test for. The attending provider did not clearly identify when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

REFERENCES: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 43, Drug Testing topic. 2. ODG Chronic Pain Chapter, Urine Drug Testing topic.