MAXIMUS Federal Services

Case Number:	CM15-0072336		
Date Assigned:	04/22/2015	Date of Injury:	05/11/2013
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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, New York, 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 applicant is a represented 51-year-old who has filed a claim for chronic shoulder, wrist, low back, knee, and ankle pain reportedly associated with an industrial injury of May 11, 2013. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and a urine toxicology screen. The claims administrator referenced progress notes of January 7, 2015 and November 12, 2014 in its determination. The applicant's attorney subsequently appealed. On December 4, 2014, the applicant was given a 20-pound lifting limitation. Prescriptions for Norco and Flexeril were renewed. Urine drug testing was endorsed. The applicant was asked to employ a wrist splinting. The attending provider acknowledged that the applicant's work restrictions had not changed. Multifocal complaints of neck, wrist, and shoulder pain were reported, highly variable, 5-8/10. The applicant was not working, it was acknowledged. On January 14, 2015, a spine surgery consultation, physical therapy, heating pads, a urine toxicology screen, and a cervical spine pillow were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Bilateral Shoulder, Bilateral Wrists, Lumbar Spine, Bilateral Knees, Bilateral Ankles, 3 x 4 week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: No, the request for 12 sessions of physical therapy for the shoulder, wrist, lumbar spine, knee, and ankle was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy at issue, in and of itself, represents treatment in excess of the 9 to 10 sessions recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses 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, however, the applicant was off of work, as acknowledged above, despite receipt of prior unspecified amounts of physical therapy over the course of the claim. The applicant's work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine toxicology screen or 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. ODGs 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, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state when an applicant was last tested, attempt to categorize the applicants into higher-or lower-risk categories for which more or less drug testing would be indicated. Here, however, no attempt was made to categorize the applicant into higher- or lower-risk categories. It was not clearly stated when the applicant was last tested. The applicant's complete medication list was not seemingly incorporated into multiple progress notes, referenced above. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, nor signaled his intention to eschew confirmatory and/or quantitative testing here. Several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.