

Case Number:	CM15-0075078		
Date Assigned:	05/13/2015	Date of Injury:	04/12/2010
Decision Date:	06/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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: Pennsylvania, Ohio, 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 injured worker is a 55-year-old female, who sustained an industrial injury on 4/12/10. She reported sharp pain in left hand and elbow radiating to the left shoulder. The injured worker was diagnosed as having cervical myospasm, cervical sprain/strain, lumbar radiculopathy, lumbosacral sprain/strain, left shoulder adhesive tendinitis, left shoulder bursitis, left shoulder impingement syndrome, left shoulder myofascitis, left shoulder sprain/strain, left knee chondromalacia, left knee medial meniscus tear, left ankle sprain/strain and lumbar myofascitis. Treatment to date has included left shoulder surgery, left elbow surgery, physical therapy, left knee brace, left ankle brace, oral medications, topical medications and activity restrictions. (EMG) Electromyogram studies of lower extremities were performed on 2/9/15 was read as a normal study. Currently, the injured worker complains of constant moderate achy neck pain, constant moderate achy low back pain, constant moderate achy left shoulder pain, constant moderate achy left knee pain and constant moderate achy left ankle pain. Physical exam noted tenderness to palpation of cervical paravertebral muscles with spasm, tenderness to palpation of lumbar paravertebral muscles with spasm, tenderness to palpation of anterior ankle and tenderness to palpation of anterior knee, lateral knee, medial knee and posterior knee with muscle spasm of posterior knee. The treatment plan included 8 sessions of chiro-physio therapy and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy 2 x 4 for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manipulative therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain chapter urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS discusses urine drug testing to rule out various forms of aberrant behavior. In this case the rationale for this testing, the frequency of testing, and specific drugs to test for are not discussed. Without such clarifying information, a rationale or indication for this request cannot be established. Therefore, the request is not medically necessary.