

Case Number:	CM15-0078024		
Date Assigned:	04/29/2015	Date of Injury:	05/22/2014
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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, California
 Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 5/22/2014. She reported right arm pain. The injured worker was diagnosed as having disorders of bursae and tendons in shoulder, carpal joint of wrist sprain, shoulder sprain, and lateral epicondylitis. Treatment to date has included medications, magnetic resonance imaging, physical therapy, and cortisone injections. The request is for a cold therapy unit, and urine toxicology testing. On 3/16/2015, she complained of right wrist pain, right elbow pain rated 5-6/10, right shoulder pain, and let shoulder pain. Physical examination of the right elbow and shoulder revealed tenderness on palpation and limited range of motion. The records indicate she failed conservative treatment. The treatment plan included: right elbow surgery. The patient has had MRI of the right elbow on 7/15/14 that revealed tendinosis. The patient has had a urine drug screen test that was negative for opioid and positive for barbiturate and antidepressant. The detailed urine drug screen report, including the date of the test, was not specified in the records provided. The medication list includes Percocet per a peer review note. However a current complete list of medications being taken by the pt was not specified in the clinical records provided. Patient has received an unspecified number of PT visits for this injury. The patient's surgical history includes breast cancer surgery. Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Elbow procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 08/04/14) Heat/cold applications Shoulder (updated 05/04/15) Continuous-flow cryotherapy.

Decision rationale: Per the cited guidelines "Patients" at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Rationale for not using simple hot/cold packs versus the use of this DME is not specified in the records provided. Per the cited guidelines, "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders". As per cited guideline, "Continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment". A recent detailed clinical evaluation note of treating physician was not specified in the records. Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Cold therapy unit purchase is not medically necessary for this patient.

Urine toxicology for qualitative and confirmatory test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, pain procedure summary, criteria for the use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 04/06/15) Urine drug testing (UDT).

Decision rationale: Urine toxicology for qualitative and confirmatory test. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs". Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment". Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact

screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results". The patient has had a urine drug screen test that was negative for opioid and positive for barbiturate and antidepressant. The detailed urine drug screen report, including the date of the test, was not specified in the records provided. A current complete list of medications being taken by the pt was not specified in the clinical records provided. Any history of substance abuse was not specified in the records provided. The medical necessity of the request for Urine toxicology for qualitative and confirmatory test is not medically necessary for this patient.