

Case Number:	CM15-0091958		
Date Assigned:	05/18/2015	Date of Injury:	01/03/2005
Decision Date:	06/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/12/2015

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: 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 45-year-old male, who sustained an industrial injury on 01/03/2005. He has reported injury to the neck and bilateral shoulders. The diagnoses have included cervical discogenic pain at C5-C6 and C6-C7; cervical degenerative disc disease at C5-C6 and C6-C7; cervical retrolisthesis C5-C6; chronic left shoulder subacromial impingement; left shoulder posterior labral tear; and left shoulder humeral bone cyst. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, acupuncture, chiropractic care, and physical therapy. Medications have included Norco, Motrin, Lyrica, and Prilosec. A progress note from the treating physician, dated 03/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent pain in the neck and bilateral shoulders; pain is rated 7-8/10 on the pain scale; pain is frequent and slightly worsening; pain is made better with rest and medication; taking Norco helps to reduce his pain from an 8/10 to a 3-4/10 on the pain scale, and allows him to continue working; and past physical therapy is noted to have helped. Objective findings included decreased cervical spine range of motion; tenderness over the cervical paraspinals and midline; decreased sensation on the right at C5, C6, C7, and C8; decreased range of motion of the bilateral shoulders; tenderness to palpation over the acromioclavicular joint bilaterally; and slight decreased strength with flexion and extension. The treatment plan has included the request for physical therapy 8 sessions 2x4, cervical spine, and bilateral shoulders; and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 sessions 2 x 4, Cervical Spine, and Bilateral Shoulders: 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 Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The injured worker recently completed a course of physical therapy of unknown duration in November/December 2014. There has been no new injury or acute exacerbation of pain since the completion of physical therapy. The injured worker should be expected to complete self-directed physical therapy at home following completion of the previous physical therapy. The request for physical therapy 8 sessions 2 x 4, cervical spine, and bilateral shoulders is determined to not be medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker completed a recent urine drug screen in January 2015, which revealed compliance. The injured worker is considered low risk for abuse. The medical reports do not provide a rationale for why additional urine drugs screen is necessary at such short interval. The request for urine toxicology screen is determined to not be medically necessary.