

<b>Case Number:</b>	CM15-0095832		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 50-year-old female who sustained a work related injury July 10, 2012. Past history included s/p right carpal tunnel release x 2, 4/2013 and 2/2014 and s/p arthroscopic decompression and repair, left shoulder. According to a primary treating physician's progress report, dated March 25, 2015, the injured worker presented for a follow-up of her left shoulder. She complains of severe pain in the left shoulder, rated 7/10, and the same symptoms as the last visit. Objective findings included weakness and limited range of motion of the left shoulder. Diagnoses are rotator cuff (capsule) sprain and pain in joint shoulder region. Treatment plan included request for authorization for physical therapy and a 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 3 times a week for 4 weeks to the left shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are rotator cuff (capsule) sprain; and pain in joints shoulder region. The documentation in the medical record shows the injured worker underwent a rotator cuff repair left June 10, 2014. A physical therapy progress note dated February 27, 2015 shows the injured worker is completing visit #35. The documentation indicates the injured worker is improving. The most recent progress note is dated March 25, 2015. The treating provider states the injured worker has pain 7/10. There are no compelling clinical facts documented in the medical record indicating additional physical therapy (over and above guideline recommendations #12) is clinically indicated. Consequently, absent compelling clinical documentation indicating additional physical therapy is clinically warranted (visit #35 completed February 2015), physical therapy three times per week times four weeks to the left shoulder is not medically necessary.

**Urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are rotator cuff (capsule) sprain; and pain in joints shoulder region. The documentation in the medical record shows the injured worker underwent a rotator cuff repair left June 10, 2014. A physical therapy progress note dated February 27, 2015 shows the injured worker is completing visit #35. The documentation shows a urine drug screen was performed January 21, 2015 that is consistent. A urine drug test was ordered April 1, 2015 to check the efficacy of medications. Urine drug screens are designed to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Efficacy is determined by subjective symptom and objective clinical findings. There is no clinical indication or rationale for urine drug toxicology

screen. There is no aberrant drug-related behavior, drug misuse or abuse documented in the medical record. There is no risk assessment documented in the medical record and the injured worker had a urine drug toxicology consistent screen performed January 21, 2015. Consequently, absent clinical documentation with a clinical indication and rationale, risk assessment with evidence of aberrant drug related behavior, urine drug testing is not medically necessary.