

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/27/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 9/1/2011
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0011137

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI left shoulder is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **urine drug screen is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **TENS 1 month trial is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/20/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI left shoulder** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the retrospective request for **urine drug screen** is **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **TENS 1 month trial** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

Claimant is a 44-year-old female with a reported date of injury of 09/01/2011. At that time, it was noted job duties included data inputting all day and she scrunched up her shoulders at work due to her desk being higher than it should be. Therefore, mechanism of injury is described as regular work duties, scrunching up her shoulders. Qualified Medical Evaluation in 08/2012 revealed neurologic exam to be intact, but abduction of her shoulders with difficulty and caused bilateral trapezius tenderness. External/internal rotation, extension, and flexion were all within normal limits, with the exception of flexion, which caused pain in the trapezius region of her neck and shoulder. Abduction was difficult and she could not get past 20 degrees bilaterally without significant pain. On 08/31/2012, she was evaluated in physical therapy and continued with therapy through 10/03/2012. MRI of the cervical spine revealed mild degenerative changes. Orthopedic exam in 07/2013 revealed slightly decreased range of motion in the left shoulder as compared to the right and a positive tenderness at the anterior acromion. Supraspinatus testing was 4-/5; otherwise strength was 5/5 bilaterally. Hawkins sign was mildly positive. She returned to the clinic on 09/09/2013 with continued pain to the left shoulder and neck region. She had positive Hawkins, negative O'Brien's, and negative apprehension test, and limited range of motion with mild crepitus and a positive empty can test. Diagnoses include cervical spondylosis, chronic cervical strain, right shoulder impingement syndrome, left medial epicondylitis, and left shoulder calcific tendinitis. Treatment plan would include obtaining an MRI of the left shoulder, urine drug screen, and a TENS unit 1 month trial.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI left shoulder:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Neck and Upper Back Complaints, Chapter 8, pg. 182, and Shoulder Complaints Chapter 9, pg. 207-208, which are part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Shoulder Complaints, Chapter 9, pgs. 207-209, which are part of MTUS.

Rationale for the Decision:

The physical examination of 09/09/2013 revealed that the employee did have positive Hawkins sign and limited range of motion and a positive empty can test with some mild crepitus in the shoulder. The Qualified Medical Evaluation of 08/21/2012, as well as the comprehensive initial orthopedic evaluation of 07/15/2013, however, failed to reveal that this employee has obtained x-rays of the left shoulder, and has mild degenerative changes of the cervical spine, as evidenced by the MRI. California MTUS/ACOEM Shoulder Chapter indicates that persistent shoulder pain, associated with neurovascular compression symptoms, particularly with abduction and external rotation, may indicate the need for an AP cervical spine radiograph to evaluate for a cervical rib. California MTUS/ACOEM Shoulder Chapter further indicates, "For patients with limitation in activity after 4 weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise, imaging may be indicated to clarify the diagnosis and assist recondition. Imaging findings can be correlated with physical findings. There should be a need to clarify the anatomy prior to an invasive procedure, there should be documentation of failure to progress in a strengthening program intended to avoid surgery, and physiologic evidence of tissue insult or neurovascular dysfunction, cervical root problems presenting as shoulder pain should be evaluated. The submitted records do not indicate this employee is a surgical candidate at this time and the records do not indicate that the employee has had lesser studies, such as an x-ray, of the left shoulder that would demonstrate AC joint pathology to shoulder joint pathology. Although there has been some documentation of physical therapy, there is lack of significant documentation of current physical therapy being performed to address range of motion or strength deficits. The employee has radicular pain and paresthesias involving left arm and hand, and these may be associated with the

left shoulder rather than having true shoulder pathology. **The request for MRI left shoulder is not medically necessary and appropriate.**

2) Regarding the retrospective request for urine drug screen:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Urine drug testing (UDT), online edition, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug Testing, opioids, pages 43 and 78, which is part of MTUS.

Rationale for the Decision:

The records indicate that the employee is currently on Vicodin, tramadol, Flexeril, Topamax, and propranolol, and has been on these medications for at least 3 months now without benefit of urine drug testing. California MTUS, Chronic Pain Medical Treatment Guidelines, page 43 indicates drug testing is recommended as an option to assess for use or the presence of illegal drugs. Furthermore, in discussing opiates, California MTUS, Chronic Pain Medical Treatment Guidelines advocate monitoring of the "4 A's", analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. California MTUS, Chronic Pain Medical Treatment Guidelines, page 78 further indicates that use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control are supported and continued review of overall situation with regard to non-opiate means of pain control should be documented. With this employee on opiates for a significant length of time, it would be reasonable to obtain a drug screen to assess for compliance. The submitted records do not indicate that the employee has not recently undergone a urine drug screen. **The retrospective request for urine drug screen is medically necessary and appropriate.**

3) Regarding the request for TENS 1 month trial:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg 114-116, which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, TENS Unit, pg 116, which is part of MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate criteria for use of a TENS unit would be intractable pain, documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried, including medication and failed, and a 1 month trial should be documented as an

adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Ongoing pain treatment should also be documented during the trial period, including medication use. Treatment plan, including the specific short and long-term goals of treatment with a TENS unit should be submitted. The records do not indicate that a treatment plan with the specific short and long-term goals for this unit has been submitted. There is lack of evidence that the medications have failed, as the employee has continued on Vicodin and tramadol as of 09/09/2013, and the clinical note does not indicate a specific pain score while on those medications. There is also a lack of documentation of an ongoing functional restoration program for this employee, although the employee has undergone physical therapy at some point in the remote past. **Therefore, the request for TENS 1 month trial is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.