

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/13/2013
Date of Injury: 11/1/1995
IMR Application Received: 8/28/2013
MAXIMUS Case Number: CM13-0017829

- 1) MAXIMUS Federal Services, Inc. has determined the request for one urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for eight physical therapy visits for the bilateral wrists **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 one urine drug screen **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for eight physical therapy visits for the bilateral wrists **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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for bilateral wrist and left shoulder pain reportedly associated with an industrial injury of November 1, 1995.

Thus far, the applicant has been treated with the following: Analgesic medications; prior left shoulder arthroscopy on February 14, 2013; transfer of care to and from various providers in various specialties; psychological counseling; psychotropic medication; long acting opioids; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of August 13, 2013, the claims administrator denied a request for urine drug screen and partially certified the request for eight sessions of physical therapy as four sessions of physical therapy.

An October 3, 2013 progress note is notable for comments that the applicant reports ongoing issues of anxiety, pain, depression, and confusion. The applicant is asked to continue medications including Opana, topical compounds, trazodone, Flexeril, and Prilosec.

An earlier note of September 17, 2013 is notable for comments that the applicant remains off of work, on total temporary disability. A urine drug testing is endorsed on this occasion. On July 11, 2013, it is again stated that the applicant's usage of medication is increasing her ability to function and reducing her pain. She is given refills of Opana, Desyrel, Flexeril, Flector, and Pristiq. Urine drug testing is again endorsed.

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 and Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for one 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 California MTUS Chronic Pain Guidelines (Opiates and Substance Abuse sections), which are part of the MTUS, and the Official Disability Guidelines, Pain, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 43, which is part of the MTUS, and the Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing, which is not part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Medical Treatment Guidelines endorse urine drug testing in the chronic pain population, but do not specify parameters for testing, nor does the MTUS state the frequency with which urine drug testing should be performed. In this case, the attending provider appears to be performing urine drug testing on each of the last three office visits. It is not clearly stated why testing of this frequency is needed or indicated. It is further noted that the attending provider has not clearly stated the employee's medication list on each and every visit, nor the attending provider stated which drugs he intends to test here. **The request for one urine drug screen is not medically necessary and appropriate.**

2) Regarding the request for eight physical therapy visits for the bilateral wrists:

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 (2009), Physical Medicine section, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Pages 8 and 99, which are part of the MTUS.

Rationale for the Decision:

MTUS Chronic Pain Medical Treatment Guidelines endorse self-directed home physical medicine and tapering or fading the frequency of physical therapy over time. The guidelines suggest tying extension of treatment to clear evidence of functional improvement. In this case, the employee has had prior unspecified amounts of physical therapy over the life of the claim. There is, however, no evidence of functional improvement that would support further treatment at this point in time. The fact that the employee remains off of work, on total temporary disability, and continues to use numerous analgesics, adjuvant, and topical medications implies a lack of functional improvement. **The request for eight physical therapy visits for the bilateral wrists 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

/hs

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.