

Case Number:	CM13-0027044		
Date Assigned:	11/22/2013	Date of Injury:	07/09/2012
Decision Date:	01/22/2014	UR Denial Date:	09/01/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient accidentally got the 2nd digit on his right hand caught in a machine on 7/9/12. The 7/9/12 Doctors First Report shows a diagnosis of 1.5cm laceration, right index finger. The 7/11/12 report states he is status post avulsion of skin and pulp at the right index finger. The 3/06/13 report from [REDACTED], states the patient has pain in the right wrist and hand, with restricted motion of the hand and wrist. The report states physical therapy (PT) helps the endurance and improve functions of activities of daily living (ADL) and recommended continue with PT 3x4 and a urinary drug toxicology (UDT) was performed on 3/6/13. The patient was previously evaluated by [REDACTED] on 1/23/13 and a UDT was performed. The patient was not taking any medications and both UDTs were normal. I am asked to review for necessity for the 3/6/13 UDT and for continued PT x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Guidelines online, Pain Chapter for Urine Drug Testing.

Decision rationale: The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. This patient was tested on 1/23/13 when the patient was not taking any medications, and the 2nd request was on the physician's follow-up visit on 3/6/13. There is no mention of the patient being at high, medium or low risk. Since the patient was not taking medications and the UDT on 1/23/13 confirmed this, and there is no history or discussion on the patient being at high risk, the patient appears to be "low risk". ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines. ❌

12 physical therapy sessions to right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient was completing an unknown number of PT sessions for the right wrist/hand. The report states there was some improvement in endurance and strength with the PT, so the physician requested continuing at 3x/week for 4 weeks. The patient has not had a surgical procedure that would allow for application of the MTUS postsurgical treatment guidelines. The MTUS chronic pain treatment guidelines will apply. The request before me is for continued PT x12 sessions. The MTUS guidelines, state for myalgias or neuralgias, 8-10 sessions would be appropriate. The prior PT combined with the request for 12 sessions will exceed the MTUS recommendations.