

Case Number:	CM14-0017058		
Date Assigned:	04/16/2014	Date of Injury:	12/14/2012
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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:

The injured worker is a 60-year-old female who reported injury on 12/14/2012. The mechanism of injury was the injured worker was walking briskly up a handicap ramp while responding to an alarm code at the hospital. The injured worker took her last step up the stool ramp right before it ended. As the injured worker turned her right knee, the left knee turned the opposite way. The injured worker heard a pop in the left knee and noticed her like giveaway while trying to ambulate. The documentation of 01/14/2014 revealed the injured worker had subjective complaints of pain in the left knee that was a 3/10. The injured worker indicated the pain was sharp in the mid-knee and bending caused increased pain. The injured worker was discharged from physical therapy on 12/04/2013. It was indicated the injured worker had attended 6 sessions. It was then recommended the injured worker have 6 more sessions, which were approved. As such, the injured worker had 12 visits of therapy. The diagnoses included Baker's cyst, left knee; internal derangement, right knee, clinically and compensatory; and other postprocedural status left knee arthroscopy. The physical examination of the left knee indicated the Final Determination Letter for IMR Case Number [REDACTED] injured worker continued with medial joint space tenderness and a patellar grind. The examination of the right knee revealed the injured worker had tenderness over the body and the posterior horn of the medial meniscus. The treatment plan included quarterly labs and a urine point of contact drug screen to ensure the injured worker could safely metabolize and excrete medications; additional course to physical therapy 2 times a week for 6 weeks for the left knee; and refill of medications including naproxen, tramadol, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT KNEE:

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 Page(s): 98,99.

Decision rationale: California MTUS Guidelines recommend physical medicine treatment; however, do not specifically address internal derangements. As such, secondary guidelines were sought. Official Disability Guidelines indicate that the medical treatment for derangement of meniscus is 9 visits over 8 weeks. When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. The clinical documentation submitted for review indicated the injured worker had utilized 12 sessions of physical therapy. There was a lack of documentation of objective functional benefit that was received, and objective remaining functional deficits. There was a lack of documentation indicating a necessity for 12 additional sessions without re-evaluation. The injured worker should be well-versed in a home exercise program. Given the above, the request for physical therapy 2 times a week for 6 weeks for the left knee is not medically necessary.

UA TOX SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 78.

Decision rationale: California MTUS Guidelines recommend urine drug screens for patients who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had met the above criteria. There was a lack of documentation indicating a necessity for a urine drug screen. Given the above, the request for UA Tox screen is not medically necessary.

LAB: CBC-CPK-CRP, CHEM 8, HEPATIC AND ARTHRITIS PANEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:
[HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/LABORATORYTESTS.HTML](http://www.nlm.nih.gov/medlineplus/laboratorytests.html).

Decision rationale: Per nlm.nih.gov, "Laboratory tests check a sample of your blood, urine, or body tissues. Laboratory tests are often part of a routine checkup to look for changes in your health. They also help doctors diagnose medical conditions, plan or evaluate treatments, and monitor diseases". The clinical documentation submitted for review indicated the physician was requesting quarterly labs to ensure the injured worker could safely metabolize and excrete medications as prescribed. However, there was a lack of documentation indicating prior examination results to support the necessity for repeat testing. Given the above, the request for lab: CBC-CPK-CRP, CHEM 8, hepatic and arthritis panel is not medically necessary.