MAXIMUS Federal Services

Case Number:	CM14-0176874		
Date Assigned:	10/30/2014	Date of Injury:	05/02/2013
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 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 is a 38-year-old male with a 5/2/13 date of injury. The mechanism of injury occurred when he fell off a ladder while he was attempting to change a light bulb. According to a progress report dated 10/27/14, the patient was seen for a follow up examination for his left knee. He reported that he has felt weak this past weekend and while getting out of the shower his knee gave out. He rated his pain level as a 7. The patient is status post left knee ACL repair on 8/27/13. Objective findings: no changes in progress since last office visit, mild tenderness with stiffness, limited range of motion, limping ambulation. The diagnosis is sprain of cruciate ligament of knee; and pain in joint, lower leg. Treatment to date includes medication management, activity modification, physical therapy, and surgery. A UR decision dated 9/29/14 denied the requests for physical therapy and urine toxicology screen. Regarding physical therapy, there is no mention of a home exercise program or objective functional benefit from physical therapy. Administrative records indicate 50 sessions since the surgery. MTUS guidelines support up to 24. Regarding urine toxicology screen, there is no documentation of poor pain control or concern for addiction or abuse. There is no indication that this patient is taking any controlled medications or any medications at all.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines - ACL repair.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, according to the UR decision dated 9/29/14, this patient has completed at least 50 sessions of postsurgical physical therapy. Guidelines support up to 24 visits over 16 weeks. The patient has far exceeded the number of guideline recommended physical therapy visits. Excessive physical therapy treatment can lead to treatment dependence. There is no documentation of significant functional improvement in the medical records provided for review. In addition, there is no documentation as to why this patient has been unable to transition to an independent home exercise program at this time. Therefore, the request for physical therapy three times a week for four weeks is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines Drug Testing, Urine Testing in Ongoing Opiate Management Page(s): 43, 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, there is no documentation of the patient's medication regimen in the records provided for review. There is no documentation that this patient is currently taking opioid medications or other medications that may require monitoring. A specific rationale identifying why this patient requires a urine drug screen at this time was not provided. Therefore, the request for Urine toxicology screen is not medically necessary.