

<b>Case Number:</b>	CM14-0179410		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 65-year-old male who reported an injury on 04/16/2013. The mechanism of injury was due to pulling. His diagnoses included left knee complex medial and lateral meniscus tears, left knee anterior cruciate ligament full thickness tear with severe tricompartmental osteoarthritis and severe joint space narrowing. His past treatments included physical therapy, TENS unit, cryotherapy, biofeedback therapy, medications, and left knee manipulation with intra-articular injection. His diagnostic studies included x-rays of the left knee and tibia with an unspecified date. The injured worker's past surgeries included right shoulder arthroscopy in 07/2012 and left total knee arthroplasty on 03/21/2014. A urinalysis was collected on 01/06/2014, and the results were noted to be inconsistent with prescription therapy, as hydrocodone was not detected. On 07/14/2014, the injured worker had complaints of postoperative left knee pain, and indicated physical therapy had helped increase his range of motion. Upon physical examination, improvement was noted to his ambulation and range of motion of his left knee. His medications included 120 grams of Flurbiprofen 20%, Ketoprofen 20% plus Ketamine 10% of 120gm cream, and Gabapentin 10% with Cyclobenzaprine 10% with 0.375% Capsaicin 120 gm cream. The request for treatment plan included followup with [REDACTED] regarding his left total knee arthroplasty, and continued physical therapy. The rationale for the request of the IF unit for a 30 to 60 day rental with supplies and a urine toxicology screen was not provided within this documentation. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use regarding: On-Going management; drug scr.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for Urine Toxicology Screen is not medically necessary. The California MTUS Guidelines recommend use of urine drug screens to monitor compliance with Opioid use. The injured worker was noted to be using topical creams and to have had a history of Opioid use. However, there was no evidence of current Opioid use. The injured worker was also noted to have had an inconsistent result on a previous urine drug screen. However, documentation regarding this inconsistent result and planned frequency of testing was not provided. In the absence of documentation showing current Opioid use and the planned frequency of urine drug screening per risk stratification, the request is not supported. Therefore, the request for Urine Toxicology Screen is not medically necessary.

**IF Unit, 30 -60 day rental with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118-120.

**Decision rationale:** The request for IF Unit, 30 -60 day rental with supplies is not medically necessary. The California MTUS Guidelines state the interferential current stimulation (ICS) is not recommended as an isolated intervention, as there is no quality evidence of the effectiveness except in conjunction with recommended treatments including return to work, exercise and medications as well as limited evidence of improvement on these recommended treatments alone. The criteria for use of an interferential stimulation unit includes evidence that the patient's pain is ineffectively controlled due to side effects of medication or diminished effectiveness of medication; a history of substance abuse; significant pain from postoperative condition is limiting the ability to perform exercise programs or physical therapy treatment; or the patient is unresponsive to conservative measures. There is a lack of documentation to support the injured worker is participating a program of evidence based functional restoration, such as a structured home exercise program or physical therapy. In addition, there is no documentation of medication ineffectiveness, a history of substance abuse, or recent surgery. As such, the request of the IF Unit, 30 -60 day rental with supplies is not medically necessary.