

Case Number:	CM14-0032137		
Date Assigned:	06/20/2014	Date of Injury:	10/22/2010
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 Therapy, 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:

The injured worker is a 63 year old female who reported an injury on 10/22/2010 due to an unknown mechanism of injury. There was no documentation provided of the injured worker's complaints, physical examination, or diagnostic studies. The injured worker had a diagnoses of sprain/strain knee and leg, enthesopathy of knee, internal derangement medial, and chondromalacia of patella. The past treatment included physiotherapy. The injured worker was on the following medications naproxen, and capsaicin 60grams. The current treatment plan is for a urine analysis and physical therapy 2x6. The rationale and request for authorization form were 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 Analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a urine analysis is not medically necessary. There was no documentation provided of the injured worker's complaints, physical examination, or diagnostic

studies. The CAMTUS guidelines recommended urine analysis as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. There was no documentation provided showing that the injured worker is on any type of medication that would require a urine analysis. Thus, the request is not medically supported. Therefore, the request for urine analysis is not medically necessary and appropriate.

Physical Therapy 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy 2x6 is not medically necessary. There were no subjective complaints documented from the injured worker. The CAMTUS guidelines state that physical therapy is recommended and can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They also allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. There was no documentation provided of the injured worker's complaints, physical examination, or diagnostic studies. Therefore, the request for physical therapy 2x6 is not medically necessary.