MAXIMUS Federal Services

Case Number:	CM14-0035223		
Date Assigned:	06/23/2014	Date of Injury:	09/17/2013
Decision Date:	07/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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, 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 40-year-old female who reported an injury on 09/17/2013. The injury occurred while the injured worker was standing on a barstool watering plants; she lost her balance and fell to the ground landing on the left hand. On 12/06/2013, the injured worker presented with pain in her left wrist that is increased with use of left upper extremity. Upon examination of the left wrist, there was a 6cm surgical scar over the palmar aspect and tenderness over the dorsal, palmar, ulnar, and radial. There was decreased grip strength and decreased range of motion. The range of motion values to the left wrist were 35 degrees of flexion, 20 degrees of extension, 15 degrees of ulnar deviation, and 10 degrees of radial deviation. Prior therapy included medications, surgery, and topical medications. The provider requested physical therapy visits to the left wrist and a urine drug screen. The provider's rationale was not provided. The request for authorization for the physical therapy was dated 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Visits for left wrist: Upheld

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

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

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines allow for up to ten visits of physical therapy for up to four weeks. In this case, there was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The injured workers are instructed and expected to continue active therapies at home. The provider's request did not indicate the frequency of the requested physical therapy visits. Therefore, the request for Twelve (12) Physical Therapy Visits for left wrist is non-certified.

Urine Drug Screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Urine Drug Testing (UDT).

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

Decision rationale: The request for a Urine Drug Screen (UDS) is non-certified. The California MTUS Guidelines recommend a urine drug test as an option to assess for the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. It is noted that the injured worker had a urine drug screen on 01/17/2014, which revealed no inconsistencies. Furthermore, there is no evidence of opioid use that would require monitoring for compliance. As such, the request for a Urine Drug Screen (UDS) is non-certified.