

Case Number:	CM14-0084742		
Date Assigned:	07/21/2014	Date of Injury:	08/24/2012
Decision Date:	08/27/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 25 year old male who reported an injury to the right knee from a work related injury of 08/24/12. The utilization review dated 05/08/14 resulted in denials for a urine drug screen as well as continued physical therapy as no information had been submitted regarding the injured worker's significant objective functional improvements through previously rendered physical therapy and no information had been submitted regarding the injured worker's potential for drug misuse. The clinical note dated 02/18/14 indicates the injured worker continuing with right knee pain. The note indicates the injured worker able to demonstrate -6 to 131 degrees of range of motion along with 4/5 strength. The clinical note dated 07/05/14 indicates the injured worker rating the neck pain as 4/10 and the low back pain as 6/10. The clinical note dated 04/09/14 indicates the injured worker having responded appropriately to previously rendered physical therapy. No information was submitted regarding the injured worker's definitive signs of diversion. However, the injured worker was recommended for a urine toxicology screen. The note indicates the injured worker having been recommended for the use of Ibuprofen. The clinical note dated 12/05/13 indicates the injured worker having been recommended for the use of Tramadol for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Physical Medicine.

Decision rationale: The medical records provided for review indicates the injured worker complains of right knee pain with associated range of motion deficits. The clinical notes indicate the injured worker completed twelve physical therapy sessions to date addressing the right knee complaints. However, the injured worker has been identified as having made very minimal functional improvements at the knee. Given the lack of significant objective functional improvements at the right knee, additional physical therapy is not fully indicated for this injured worker at this time. Therefore, this request is not medically necessary and appropriate.

Urinalysis for drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines Pain chapter, Urine Drug Screen.

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

Decision rationale: The medical records provided for review indicates the injured worker utilizes Ibuprofen for ongoing pain relief. The use of periodic urine drug screens is indicated for injured workers undergoing the use of opioid therapy. No information was submitted regarding the injured worker's recent prescription for opioid therapy to address the ongoing complaints of pain. Therefore, this request is not medically necessary and appropriate.