

<b>Case Number:</b>	CM14-0199003		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, 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:

This is a 58 year old female who sustained a work related injury on May 1, 2013 while she was working as a teacher. A wooden chair in which she was sitting on broke causing her to fall to the floor and to sustain a left knee injury. A physician's report dated October 9, 2014 notes that the injured worker reported left knee pain. Physical examination of the left knee revealed a moderate intra-articular effusion of the knee. Pain to palpation over the medial joint line of the knee was noted. A patella grind test was positive with minimal patella crepitus. Patella apprehension sign was negative. Range of motion of the knee was normal. McMurray's sign was positive. Motor strength, deep tendon reflexes and circulation were normal bilaterally. The injured worker walked with an antalgic gait. An x-ray of the left knee, date unspecified, revealed a slight lateral tilt of the patella. Diagnosis is a patellofemoral malalignment of the left knee secondary to an industrial injury. The injured workers initial work status was modified with restrictions. Per the recent progress note the injured worker was released to full duty. The documentation supports the injured worker was to be started on a gentle exercise program, physical therapy and over the counter medications. No prior physical therapy documentation or results of the physical therapy were provided for review. The treating physician requested physical therapy three times a week for four weeks to the left knee and a Urine Toxicology Screen to check the efficacy of prescribed medications. Utilization Review evaluated and denied the physicians requests on October 28, 2014. Per Utilization Review the injured worker had extensive physical therapy and chiropractic treatment for the chronic knee pain. There was no documentation submitted for review of subjective benefits noted from prior physical therapy. In addition, there was no documented objective improvement from the prior physical therapy treatments. Therefore, the request for physical therapy treatment is denied. Urine toxicology screening per the MTUS Chronic Pain Medical Treatment Guidelines supports urine drug screens for ongoing use of opioids, for

aberrant behaviors and compliance with medication. However, the medical records are unclear in terms of what risk the injured worker has been assessed, which would determine the frequency of testing. Previous urine drug testing has been documented for the injured worker. However, there is no documentation that the provider had incorporated the prior test results in his medication prescription. Therefore, the Urine Toxicology Screen is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 3x4 to the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99.

**Decision rationale:** Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of the results of prior testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

