

Case Number:	CM14-0201011		
Date Assigned:	12/11/2014	Date of Injury:	02/15/2004
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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 64 year old female who suffered an industrial related injury on 2/1/04. A physician's report dated 5/28/14 noted the injured worker had complaints of left wrist pain. The injured worker had surgery on 1/21/14 but had not begun physical therapy. The treating physician recommended post-operative therapy 3 times per week for 4 weeks to regain strengthening, mobility, and stability to her left wrist. The injured worker was prescribed Soma and Norco. A physician's report dated 7/30/14 noted the injured worker had complaints of bilateral hand pain with limited range of motion, numbness, and instability with weakness. The injured worker reported that her pain had improved due to physical therapy but she continued to have weakness and instability to bilateral hands. The physician recommended an additional 12 sessions of physical therapy to increase joint flexibility, increase in muscle strength, and improved balance. On 11/11/14 the utilization review (UR) physician denied the request for 12 physical therapy sessions for bilateral hands and a urine toxicology screen. The UR physician noted 12 sessions of physical therapy had been previously authorized but only 7 had been completed due to compliance issues. The documentation also did not indicate that the injured worker had received functional improvement with the sessions that had been completed. Therefore there is no clear indication for additional physical therapy. Regarding the urine toxicology screen the UR physician noted the documentation did not indicate that the injured worker was at an increased risk for aberrant behavior to require frequent testing. The UR physician cited the Official Disability Guidelines stating that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twelve (12) sessions (3x4) for the bilateral hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 sessions three times per week for four weeks to the bilateral hands is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy. The Official Disability Guidelines enumerate the frequency and duration of physical therapy relative to specific disease states. In this case, the injured worker's diagnoses were osteoarthritis; carpal tunnel syndrome; pain in joint, forearm; pain in joints, hand. The injured worker underwent to hand surgeries. A progress note (post-operative) from May 21, 2014 indicates the treating physician requested 12 physical therapy sessions that were approved. On June 13 of 2014 the initial physical therapy evaluation took place. There were no additional physical therapy notes indicating objective functional improvement. On July 30 of 2014 the treating physician requested an additional 12 physical therapy sessions to the hands. Reportedly, the injured worker had a seizure fell and injured her hand. There is no clinical documentation indicating the need for additional physical therapy. There is no documentation evidence showing objective functional improvement. Consequently, absent the appropriate clinical indications, clinical rationale and documentation with objective functional improvement, physical therapy 12 sessions three times per week for four weeks to the bilateral hands is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's diagnoses were osteoarthritis;

carpal tunnel syndrome; pain in joint, forearm; pain in joints, hand. The documentation indicates the urine drug toxicology screen is requested to check the efficacy of the injured worker's medications. The documentation does not show any evidence of aberrant drug behavior or out of the ordinary drug usage. The injured worker uses Norco. There is no clinical indication or rationale in the medical record documentation. There are no additional or prior urine drug toxicology screens in the medical record. Consequently, absent the appropriate clinical indication with documentation supporting a urine drug toxicology screen, urine drug toxicology screen is not medically necessary.