

Case Number:	CM14-0210817		
Date Assigned:	12/23/2014	Date of Injury:	09/20/2013
Decision Date:	03/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 49 year-old male with date of injury 09/20/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/29/2014, lists subjective complaints as pain in the bilateral knees, right greater than left. Objective findings: Examination of the right knee revealed mild tenderness over the lateral aspect of the knee. No specific joint line tenderness was noted. There was no swelling. Range of motion was 0 to 110 degrees. Orthopedic checks were stable including varus, valgus stress, Lachman, anterior drawer, and McMurray's test. Diagnosis: 1. Persistent left shoulder, elbow, and wrist pain. 2. Right greater than left, knee pain. Patient has completed 8 sessions of physical therapy for the left shoulder. There was no documentation in the medical records supplied for review to suggest the patient has had any previous MRI's to the right knee. There was no documentation of any previous drug screens available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 PT sessions 2x5 for bilateral knees testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical record provides no indication why therapy is necessary for either knee. There is no documentation that warrants a trial of physical therapy. Ten PT sessions 2x5 for bilateral knees testing is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. No red-flag indications are present in the medical record warranting an MRI. MRI of the right knee is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation ODG, Urine Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine Drug Screen is not medically necessary.