

<b>Case Number:</b>	CM14-0213003		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Physical Medicine & Rehabilitation

### 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 61-year-old female who reported an injury on 12/08/2011. The mechanism of injury was not specifically stated. She had been diagnosed with bilateral knee osteoarthritis and had undergone at least 16 sessions of physical therapy for both of her knees, bilateral shoulders, and bilateral hands. Additional treatments also included cortisone injections to her right knee. She had undergone x-rays of her bilateral shoulders and bilateral humerus, both of which showed no increase of osteoarthritis. She also had x-rays of the bilateral hands and wrists, which showed no soft tissue swelling, and bilateral x-rays of the knees and tibias, which showed no increase in osteoarthritis as of 11/2014. The physician is now requesting a urine toxicology screen and physical therapy 3 times 4 for the bilateral knees, bilateral hands, and bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43; 89.

**Decision rationale:** Under the California MTUS Guidelines, although scheduled urine drug screens are considered appropriate for an injured worker prior to a trial of opioids or for monitoring purposes throughout the course of utilizing narcotics, the most recent clinical documentation did not specify that the injured worker was utilizing any narcotics or would be undergoing a trial of opioids to necessitate a urine drug screens at this time. Additionally, there was no indication what the injured worker's current medications entailed to warrant a urine toxicology screen. As such, the request is not deemed medically necessary.

**Physical therapy 3x4 bilateral knees, bilateral hands to bilateral shoulders:** 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 rationale:** With the injured worker having already completed approximately 16 sessions of physical therapy for the requested areas of the body, and with no extenuating circumstances identified on physical examination to warrant continuation of therapy, the request cannot be supported. The guidelines recommend continuing with a home exercise program upon completion of formal physical therapy. Therefore, the request is not considered a medical necessity.