

Case Number:	CM15-0000219		
Date Assigned:	01/09/2015	Date of Injury:	10/03/2013
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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 54 year old female, who sustained an industrial injury on 10/03/2013. The diagnoses have included lumbar sprain, neck sprain, left shoulder impingement syndrome, left knee internal derangement, crush pain left wrist and ganglion cyst left wrist. Treatment to date has included MRI of the cervical and lumbar spine and left shoulder, ultrasound of lumbar and cervical spine. Currently, the IW complains of continuous pain in back radiating to left shoulder. On 12/05/2014 Utilization Review non-certified PT 3x6 left knee and UA Toxicology noting as not medical necessary. Certifying the request for a Re-Evaluate in 6 wks. The MTUS Chronic Pain Medical Treatment Guidelines were cited. On 1/02/2015, the injured worker submitted an application for IMR for review of PT 3x6 left knee, UA Toxicology, and Re-Evaluate in 6 wks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x6 left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in her neck, low back, left shoulder, left wrist, and left knee. The request is for PHYSICAL THERAPY 3X6 FOR THE LEFT KNEE. The report with the request is not provided. The utilization review letter states that the patient has had extensive PT/chiro for this chronic condition. MTUS page 98 and 99 has the following: Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The utilization review letter states that the patient has had prior physical therapy/chiropractic sessions for her chronic condition. Review of the reports does not mention any recent surgery the patient may have had. There is no indication of when these sessions took place or how these sessions impacted the patient's pain and function. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, 18 total sessions of physical therapy exceeds what is allowed by MTUS Guidelines. The requested physical therapy IS NOT medically necessary.

Urinalysis Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with pain in her neck, low back, left shoulder, left wrist, and left knee. The request is for URINALYSIS TOXICOLOGY. The report with the request is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low risk patients. The patient is currently taking naproxen. The report with the request is not provided nor is there is any discussion regarding the UDS provided in any of the reports. The 09/15/2014 report indicates the patient is currently taking naproxen. The utilization review denial letter indicates the patient has had prior urine drug screens. The treater has not documented that the patient is at high risk for adverse outcomes or has active substance abuse disorder. There are no discussions provided regarding the patient being at risk for any aberrant behaviors. The report with the request is not provided nor is there any discussion regarding a UDS provided in any of the reports. The utilization review letter does indicate that the patient had a prior urine drug test which has been documented for this patient. The 09/15/2014 report states that the patient is currently taking naproxen. The treater does not explain why a repeat UDS is required and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion

regarding the patient being at risk for any aberrant behaviors. The requested urine analysis toxicology IS NOT medically necessary.