

<b>Case Number:</b>	CM15-0106406		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 57 year old male, who sustained an industrial injury on 6/28/10. He reported severe pain in neck and lower back. The injured worker was diagnosed as being status post right and left carpal tunnel. Treatment to date has included right shoulder surgery, cervical fusion, left carpal tunnel release, right carpal tunnel release, wrist braces, anti-inflammatory medications and activity restrictions. Currently, the injured worker complains of weakness and tingling in right hand (weeks post op carpal tunnel release). Physical exam noted stitches in right wrist area. The request for authorization is blank and treatment plans listed for progress notes included removal of sutures of right wrist and lumbar epidural injection.

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology screen is not medically necessary and appropriate.

**Post op additional physical therapy 2 times 6 to the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines; Carpal Tunnel Syndrome, page 6 Physical Therapy, pages 98-99.

**Decision rationale:** The Post-surgical treatment guidelines for post carpal tunnel release performed almost 8 months ago on 11/19/14 may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums of 8 for open release as benefits need to be documented after the first week, and prolonged therapy visits are not supported. The patient has completed 16 therapy sessions for an endoscopic release without complications, beyond the guidelines recommendation and should be independent in a self-directed home program. The employee has received significant therapy sessions beyond the recommended quantity for this post-surgical period. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit and unchanged chronic symptom complaints. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post op additional physical therapy 2 times 6 to the right wrist is not medically necessary and appropriate.