MAXIMUS Federal Services

| Case Number: | CM15-0108188 | | |
|---|---|---|---|
| Date Assigned: | 06/12/2015 | Date of Injury: | 11/30/2014 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

## 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: New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 49 year old, female who sustained a work related injury on 11/30/14. She was walking to an area of the store when she suddenly hit her left ankle against a rolling metal piece on the floor. She experienced immediate pain in her left ankle/foot radiating into her knee. The diagnoses have included severe grade III left ankle sprain, rule out osteochondral region left ankle, rule out left posterior tibial tendon tear and partial tear versus strain of deltoid ligament. Treatments have included rest, physical therapy, use of a single point cane, use of left ankle/foot brace and medications. In the PR-2 dated 5/23/15, the injured worker complains of persistent pain in lumbar spine and left shoulder. She rates these pain areas a 7/10. She complains of left knee pain. She rates this pain a 6/10. She complains of left ankle/foot pain and rates this pain level an 8/10. She states left knee pain has improved. She states physical therapy is helping with her pain. She has tenderness to palpation of left knee. She has tenderness to palpation of left ankle/foot. She has decreased range of motion in left ankle/foot. The treatment plan includes a request for a urine drug screen for next visit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 2 times a week for 3 weeks:** 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 Massage Therapy Page(s): 60.

**Decision rationale:** CA MTUS states that massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. In this case, the claimant was approved for physical therapy and this modality should be completed prior to consideration for massage therapy. Medical necessity for the requested service is not established. The requested service is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Test.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, previous urine drug testing performed 3/16/15 was consistent with medical therapy. There is no specific indication for the requested urine toxicology screen. Medical necessity for the requested toxicology screen has not been established. The requested test is not medically necessary.