

<b>Case Number:</b>	CM15-0137772		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, New York, 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:

The applicant is a represented 54-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 16, 2011. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy, an interferential stimulator trial, and urine toxicology testing. The claims administrator referenced an RFA form received on June 29, 2015 in its determination. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant was placed off of work, on total temporary disability. Twelve sessions of physical therapy and topical applications of heat and cold were endorsed to ameliorate the applicant's ongoing complaints of knee pain. In an RFA form dated June 29, 2015, additional physical therapy, an interferential unit, and urine drug testing were endorsed. In an associated progress note dated June 17, 2015, the applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place. 7/10 knee pain complaints were noted. Additional physical therapy was sought while tramadol, Norco, Voltaren, Flexeril, Protonix, an interferential unit, and urine drug testing were endorsed. On March 9, 2015, the applicant underwent an arthroscopy-patellofemoral arthroplasty, subcutaneous lateral release, and partial medial meniscectomy to ameliorate a preoperative diagnosis of patellofemoral osteoarthritis of the right knee. In a letter dated January 8, 2015, the claims administrator informed the attending provider that 12 sessions of postoperative physical therapy had been administratively approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for right knee 3x4: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Yes, the request for 12 sessions of physical therapy for the knee was medically necessary, medically appropriate, and indicated here. The applicant was still within the four-month postsurgical physical medicine treatment period established in MTUS 9792. 24. 3 as of the date of the request, June 29, 2015, following earlier unicompartmental knee arthroplasty of March 9, 2015. While the approval may result in treatment above and beyond the 24-session course suggested in MTUS 9792. 24. 3 following knee arthroplasty surgery, as transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3. c2 to the effect that the medical necessity for postsurgical physical medicine for any given applicant is contingent on applicant-specific retrospective comorbidities, prior pathology and/or surgery involving the same body parts, nature, number, and/or complexity of the surgical procedures undertaken, etc. Here, the applicant had undergone multiple knee arthroscopy procedures. On March 9, 2015, the applicant underwent multiple procedures involving the knee, including a patellofemoral arthroplasty, subcutaneous lateral release, partial medial meniscectomy, etc. The applicant did have residuals of the same on June 17, 2015, it was reported. Stiffness and limited range of motion were evident on that date. Additional therapy, thus, was indicated to ameliorate the applicant's residual impairment present on that date. The applicant had made some strides with earlier treatment, it was suggested on June 17, 2015. The attending provider had loosened the applicant's work restrictions to reflect progression. Moving forward with additional treatment on the order of that proposed was, thus, indicated. Therefore, the request is medically necessary.

**Rental or purchase of IF unit for 30-60 days: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** Conversely, the request for an interferential unit 30- to 60-day rental or purchase was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an interferential unit may be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants with significant pain from postoperative conditions which limit the ability to perform exercise programs on physical therapy, here, however, the applicant's usage of multiple first-line oral pharmaceuticals to include tramadol, Norco, oral Voltaren, etc., on the June 17, 2015 office visit at issue effectively obviated the need for the interferential unit in question. Therefore, the request is not medically necessary.

**Urine Toxicology Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for a urine toxicology screen (AKA urine drug screen) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, while the attending provider refilled multiple medications on June 17, 2015, he did not state whether these medications represented the totality of what the applicant was using as of that point in time. The attending provider did not identify when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation when performing testing. There was no mention of whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request is not medically necessary.