

<b>Case Number:</b>	CM15-0160732		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Indiana, 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 45-year-old male who sustained an industrial injury on 8-28-14. He had complaints of left ankle, left shoulder and back of right knee pain. Diagnoses include: left shoulder sprain and strain, right knee bursitis, hamstring tendinitis, medial meniscus tear and chondral loss and left ankle strain. Progress report dated 4-17-15 reports continued complaints of left ankle pain and back of right knee pain. The pain is sharp and constant and is rated 5 out of 10. Left shoulder pain is rated 4 out of 10. Diagnoses include: ankle sprain and strain, right knee strain and pain in joint ankle foot. Plan of care includes: infrared manual therapy for ankle and knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed tomography (CT) scan of the right knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Computed tomography (CT).

**Decision rationale:** Pursuant to the Official Disability Guidelines, computed tomography right knee is not medically necessary. Computed tomography is recommended as an option for pain after total knee arthroplasty with negative radiograph for loosening. See the guidelines for additional details. In this case, the injured worker's working diagnoses are left shoulder sprain strain, early adhesive capsulitis; right knee bursitis, hamstring tendinitis; left ankle strain; and status post right knee A/S 2004. Date of injury is August 28, 2014. Request authorization is July 22, 2015. According to a June 13, 2015 progress note, the injured worker has ongoing shoulder pain 4/10 with primary complaints limited to the left ankle 6/10 for 2 weeks. The injured worker received a cortisone injection to the left ankle that helped for two days. The treating provider is going to attempt a cortisone injection to the right knee. Objectively, there are no clinical findings documented in the progress note section. There is no attachment of objective findings referable to the shoulder, ankle and knee. There is no discussion, request, indication or rationale for computed tomography of the right knee. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation, discussion, request, indication or rationale for computed tomography right knee, computed tomography right knee is not medically necessary.

**Urine drug 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 Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are left shoulder sprain strain, early adhesive capsulitis; right knee bursitis, hamstring tendinitis; left ankle strain; and status post right knee A/S 2004. Date of injury is August 28, 2014. Request authorization is July 22, 2015. According to a June 13, 2015 progress note, the injured worker has ongoing shoulder pain 4/10 with primary complaints limited to the left ankle 6/10 for 2

weeks. The injured worker received a cortisone injection to the left ankle that helped for two days. The treating provider is going to attempt a cortisone injection to the right knee. Objectively, there are no clinical findings documented in the progress note section. There is no attachment of objective findings referable to the shoulder, ankle and knee. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There was no risk assessment and medical records. There was no current list of medications documented in the medical record. Utilization review stated a consistent urine drug screen was performed October 23, 2014. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating aberrant drug-related behavior, drug misuse or abuse, no risk assessment and no current list of medications, urine drug screen is not medically necessary.

**Podiatry referral for the left ankle:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Pursuant to the ACOEM, podiatry referral for the left ankle is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates; antibiotics require close monitoring. In this case, the injured worker's working diagnoses are left shoulder sprain strain, early adhesive capsulitis; right knee bursitis, hamstring tendinitis; left ankle strain; and status post right knee A/S 2004 (?). Date of injury is August 28, 2014. Request authorization is July 22, 2015. According to a June 13, 2015 progress note, the injured worker has ongoing shoulder pain 4/10 with primary complaints limited to the left ankle 6/10 for 2 weeks. The injured worker received a cortisone injection to the left ankle that helped for two days. The treating provider is going to attempt a cortisone injection to the right knee. Objectively, there are no clinical findings documented in the progress note section. There is no attachment of objective findings referable to the shoulder, ankle and knee. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. As noted above, there are no objective clinical findings in the medical record referable to the ankle. As a result, the medical record documentation is incomplete to warrant a podiatry consultation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no objective clinical documentation of an ankle examination, podiatry referral for the left ankle is not medically necessary.