

Case Number:	CM15-0164887		
Date Assigned:	09/02/2015	Date of Injury:	03/20/2008
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/21/2015

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 66 year old female with an industrial injury dated 09-28-2008. Her diagnosis was status post left total knee arthroplasty. Prior treatment included physical therapy and medication. She presented on 06-25-2015 for a follow up examination of her left knee. She stated she had slight improvement but pain remains. She rated the pain as 5 out of 10. Objective findings included a left antalgic gait. She was attending a physical therapy program, which was helping with sight mobility. The provider documents x-rays were taken of the left knee and left tibia showed no increase of osteoarthritis. The treatment plan included IF unit, medications and urine toxicology screening. Two progress notes (05-14-2015 and 06-25-2015) and physical therapy notes were available for review. The treatment request is for Urine Toxicology Screen per 6/25/15 order, Physical Therapy 3 times a week, left knee, per 6/25/15 order, QTY: 12, IF Unit and supplies, 30-60 day rental and purchase, left knee, per 6-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week, left knee, per 6/25/15 order, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Review indicates report of 5/14/15 from the provider noted the patient has completed 12 postop PT visits for s/p TKA in November 2014 with continued symptom complaints and findings remaining off work. Request for an additional 12 PT visits was authorized by Utilization reviewer on 5/22/15. PT report of 6/29/15 noted the patient has completed 9 of 12 visits from the additional PT approved with persistent symptoms and limited range. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's TKA is now over 10 months without documented functional limitations or complications to allow for additional physical therapy. The patient remains off work without functional improvement from treatment already rendered or extenuating circumstances beyond guidelines criteria to support further therapy. The Physical Therapy 3 times a week, left knee, per 6/25/15 order, QTY: 12 is not medically necessary.

Urine Toxicology Screen per 6/25/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

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 for 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 per 6/25/15 order is not medically necessary.

IF Unit and supplies, 30-60 day rental and purchase, left knee, per 6/25/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118, Interferential Current Stimulation (ICS).

Decision rationale: Review indicates the IF unit was modified by utilization for at 30 day rental trial. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement from the IF 30 day trial such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic 2008 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The IF Unit and supplies, 30-60 day rental and purchase, left knee, per 6/25/15 is not medically necessary.