

<b>Case Number:</b>	CM15-0166358		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Emergency 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:

This 50 year old man sustained an industrial injury on 10-7-2013. The mechanism of injury is not detailed. Diagnoses include right knee chondromalacia, right knee medial meniscus tear, right knee pain, and right knee sprain-strain. Treatment has included oral medications. Physician notes on a PR-2 dated 7-2-2015 show complaints of right knee pain rated 9 out of 10. Recommendations include acupuncture, physical therapy, and orthopedic consultation. Provided progress notes are poor with significant gaps in clinical information documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, six sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** As per MTUS Acupuncture guidelines, acupuncture may be recommended for treatment for pain. Guidelines recommend a trial of 6 sessions before any additional sessions

are recommended. Patient has 6 documented approved sessions. Provider has failed to document any benefit from sessions done so far and instead has requested more. Poor documentation fails to support request for any additional acupuncture sessions. The request is not medically necessary.

**Physical therapy, six sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** As per MTUS Chronic pain guidelines, physical medicine like physical therapy may be recommended for treatment for pain. Guidelines recommend a trial of 6 sessions before any additional sessions are recommended. Patient has 3 documented approved sessions. Provider has failed to document any benefit from sessions done so far and instead has requested more. Poor documentation fails to support request for any additional PT sessions. The request 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 Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids, dealing with misuse & addiction.

**Decision rationale:** As per MTUS Chronic pain guidelines, urine drug screen is an option in monitoring patient for signs of aberrancy and/or compliance with opioid therapy. Patient had a UDS done on 5/15. There is no documentation of high risk for abuse. It is unclear why another UDS was needed so soon after the prior one. It is also unclear what medications are currently on due to poor documentation. Prior progress notes show prescription for Norco but it is unclear if patient is still on it. The lack of justification and poor documentation does not support request for Urine Drug Screen. The request is not medically necessary.