

<b>Case Number:</b>	CM15-0191969		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/19/2015
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 60 year old female, who sustained an industrial injury on 3-18-15. The injured worker is being treated for left sprain-strain. Treatment to date is not indicated with documentation submitted. On 8-27-15, the injured worker complains of left knee pain rated 8 out of 10 which keeps her awake at night. She also complains of cervical spine pain with numbness and tingling in bilateral hands, left more than right. Physical exam performed on 8-27-15 revealed significant pain and progressive symptoms of left knee. The treatment plan included request for authorization for 12 physical therapy sessions, interferential unit for 30-60 day rental and purchase if effective and urine toxicology screening. On 9-23-15 request for 12 physical therapy sessions was modified to 9 sessions by utilization review and interferential unit for 30-60 day rental and purchase if effective and urine toxicology screening were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) unit and supplies (30-60 day rental) to manage pain and reduce medications usage:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg-Interferential current therapy (IFC).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** According to Chapter 3 of ACOEM, Initial Approaches to Treatment, Physical Methods of ACOEM states 'electrical stimulation can keep symptoms at bay temporarily, diminishing pain long enough so that patients begin to mobilize.' ACOEM support IF stimulation as a modality to decrease narcotic and analgesic use. ODG also supports IF. According to the ODG guidelines, Pain, "Interferential stimulation for pain is: Possibly appropriate for the following conditions: Pain Is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or Significant pain from postoperative or acute conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)" This patient has pain that is ineffectively controlled with medications, IF is a safe modality that may improve her pain and decrease her dependence on analgesics. Therefore the request is medically necessary.

**Interferential (IF) unit and supplies (30-60 day purchase) to manage pain and reduce medications usage:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Interferential current therapy (IFC).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** According to Chapter 3 of ACOEM, Initial Approaches to Treatment, Physical Methods of ACOEM states 'electrical stimulation can keep symptoms at bay temporarily, diminishing pain long enough so that patients begin to mobilize.' ACOEM support IF stimulation as a modality to decrease narcotic and analgesic use. ODG also supports IF. According to the ODG guidelines, Pain, "Interferential stimulation for pain is: Possibly appropriate for the following conditions: Pain Is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative or acute conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)" This patient has pain that is ineffectively controlled with medications, IF is a safe modality that may improve her pain and decrease her dependence on analgesics. The request is medically necessary.

**Physical therapy 3 times a week for 4 weeks for the left knee to improve joint mobilization, to improve range of motion and increase function:** Overturned

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

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

**Decision rationale:** Per ODG, Knee:Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):Medical treatment: 12 visits over 8 weeksPost-surgical (ACL repair): 24 visits over 16 weeksThe patient has a diagnosis of knee strain. The records do not document if she has had prior therapy. If not, the request is medically necessary as ODG supports up to 12 therapy visits for knee strain. Support is contingent on no prior therapy having been received.

**Urine toxicology screen to check efficacy of medications:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) in the Occupational Medicine Practice Guidelines on Chronic Pain supports urine drug screens. It is stated on page 156: Recommendation: Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. MTUS Chronic pain, Opioids page 78 recommends: "(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." And on page 94 of the MTUS Chronic pain, Opioids: "The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: (c) Frequent random urine toxicology screens." The records do not document that the patient has a history of abuse or even opiate use. There is no documentation that the patient is currently taking opiates. The request is not medically necessary.