MAXIMUS Federal Services

Case Number:	CM15-0020010		
Date Assigned:	02/09/2015	Date of Injury:	11/11/2005
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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 53-year-old female, who sustained a work related injury on 11/11/08. The diagnoses have included complex regional pain syndrome, status post crush injury to left foot and right knee surgery. Treatments to date have included physical therapy, use of a walker and Lunesta for sleep. In the PR-2 dated 1/6/15, the injured worker complains of right knee pain. She rates the pain a 5/10. She also complains of left foot pain and left leg weakness. She has tenderness to touch in right knee and left foot. She has generalized weakness in left leg. On 1/14/15, Utilization Review non-certified requests for physical therapy 2 x 4 for left foot and conditioning left leg and a urine drug screen. The California MTUS, Chronic Pain Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for left foot and conditioning left leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee, ankle sections, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week for 4 weeks to the left foot and conditioning left leg is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are complex regional pain syndrome, lower extremities, status post crush injury to the left foot; insomnia; status post right knee arthroscopy, meniscectomy and chondroplasty. Documentation from a November 18, 2014 progress note states the requesting authorization for therapy is to desensitize the left foot and condition the left leg due to de-conditioning as a result of chronic pain. This should coincide with physical therapy on her right knee in order to achieve the optimal maximum medical improvement. Physical examination of left lower extremity does not show any swelling. There is slight discoloration of the second toe. There is hypersensitivity to light touch over the dorsal aspect of the left foot with generalized weakness in the left lower extremity. The symptoms referable to the left foot and left leg should have been addressed during physical therapy to the affected left knee (status post arthroscopy). Additionally, the injured worker should be well versed in home exercises. The guidelines state: "When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted." The documentation does not contain compelling clinical facts that indicate additional physical therapy is warranted. Consequently, absent compelling clinical documentation to support additional physical therapy (over that provided to the affected knee), physical therapy 2 times per week times 4 weeks to the left foot and conditioning of the left leg.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, 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. In this case, the injured worker's working diagnoses are complex regional pain syndrome, lower extremities, status post crush injury to the left foot; insomnia; status post right knee arthroscopy, meniscectomy and chondroplasty. The treating physician's

indication for the urine drug screen is to check medication compliance. The injured worker is taking Lunesta (recently noncertified) and Colace. There are no opiates, muscle relaxants, or benzodiazepines listed in the medical record. There is no risk assessment in the medical record. There is no documentation of aberrant drug-related behavior. Consequently, absent clinical documentation with drug-related behavior in the absence of opiate use and the risk assessment, retrospective urine drug testing is not medically necessary.