

Case Number:	CM15-0027666		
Date Assigned:	02/20/2015	Date of Injury:	09/24/2014
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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 27 year old, female patient, who sustained an industrial injury on 09/24/2014. An initial orthopedic evaluation dated 01/19/2015 reported the patient with subjective complaint of severe left foot pain accompanied by spasm, numbness and tingling. Of note, she did attend some physical therapy without relief of symptom. Physical examination found the patient walking with a left antalgic gait and with noted tenderness to palpation over the dorsal aspect of the foot and decreased light touch sensation. Range of motion of the left foot/ankle is full. Radiography study were found with negative acute issue. She is diagnosed with crush injury to the left foot with soft tissue swelling. The plan of care mentioned an aggressive therapy program to decrease sensitivity and regain motion. The patient is on temporary partial disability; follow up in 6 weeks. A request was made for 12 sessions of physical therapy treating left foot and a urine toxicology screen. On 02/02/2015, Utilization Review non-certified the request, noting the CA MTUS, Physical Therapy Guidelines, Chronic Pain, Urine Toxicology was cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3x4 for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with severe left foot pain. The treater is requesting PHYSICAL THERAPY 3 X 4 FOR THE LEFT FOOT. The RFA was not made available for review. The patient's date of injury is from 09/24/2014, and she is currently temporarily partially disabled. The MTUS Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The patient is not post-surgical. The records do not show any physical therapy reports. The 01/19/2015 report notes that the patient has received some physical therapy in the past without reports of relief. The number of physical therapy treatments the patient has received was not made available. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. In this case, the requested 12 sessions when combined with the previous treatments the patient has received would exceed guidelines. Furthermore, the treater reports no benefit while utilizing this modality. The request IS NOT medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: This patient presents with severe left foot pain. The treater is requesting URINE TOXICOLOGY SCREEN. The RFA was not made available for review. The patient's date of injury is from 09/24/2014, and she is currently temporarily partially disabled. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records do not show any previous urine drug screens. The patient's current list of medications was not made available. It appears that the patient is currently not taking any opioids, and the guidelines do not support a urine drug screen if the patient is not on any opiates. The request IS NOT medically necessary.