

Case Number:	CM15-0034251		
Date Assigned:	02/27/2015	Date of Injury:	12/20/2008
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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 year old male injured worker suffered an industrial injury on 12/20/2008. The diagnoses were total left knee arthroplasty. The diagnostic studies were x-rays. The treatments were physical therapy and medications. The treating provider reported severe pain to the left knee, stiffness and swelling with restricted range of motion along with limping while walking. The Utilization Review Determination on 1/30/2015 non-certified: 1. Physical Therapy, three times a week for four weeks of the left knee, MTUS. 2. Urine toxicology screen, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, three times a week for four weeks of the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient presents with severe unrated pain to the left knee following recent surgery. The patient's date of injury is 12/20/08. Patient is status post total left knee arthroplasty with prosthetic joint implantation on 09/23/14. The request is for PHYSICAL THERAPY, THREE TIMES A WEEK FOR FOUR WEEKS OF THE LEFT KNEE. The RFA was not provided. Physical examination dated 11/13/14 reveals persistent swelling to the left knee with limited range of motion and limping ambulation. Treater notes an in-office X-Ray taken prior to examination which shows no increased osteoarthritis. The patient is currently prescribed Norco and Percocet. Diagnostic imaging pertinent to the request was not included. Patient's current employment status is not provided. MTUS guidelines, pages 24-25, recommend 12 visits over 12 weeks for meniscectomy - though do not provide a specific amount for total knee arthroplasty, The postsurgical physical medicine treatment period is 6 months. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regards to the request for what appears to be 12 additional post-operative physical therapy sessions for this patient's knee complaint, treater has exceeded guideline recommendations. Documentation provided does not include any physical therapy notes or the number of completed sessions to date. However, peer review of this patient's clinical history dated 01/29/15 indicates that this patient was authorized 30 sessions of post-operative physical therapy and successfully completed 12 sessions as of 12/12/14. While this patient presents with significant pain, no rationale is provided as to why this patient requires an additional 12 sessions on top of the 12 completed; and the 30 already authorized. No discussion is provided as to why this patient is unable to transition to self-directed home physical therapy. Therefore, the request IS NOT medically necessary.

Urine toxicology screen: Upheld

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

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: The patient presents with severe unrated pain to the left knee following recent surgery. The patient's date of injury is 12/20/08. Patient is status post total left knee arthroplasty with prosthetic joint implantation on 09/23/14. The request is for URINE TOXICOLOGY SCREEN. The RFA was not provided. Physical examination dated 11/13/14 reveals persistent swelling to the left knee with limited range of motion and limping ambulation. Treater notes an in-office X-Ray taken prior to examination which shows no increased osteoarthritis. The patient is currently prescribed Norco and Percocet. Diagnostic imaging pertinent to the request was not included. Patient's current employment status is not provided. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management

of chronic opiate use in low risk patients. In regards to the request for a urine toxicology screen to ensure patient compliance with medications, treater has exceeded guideline recommendations. The case file submitted for this patient includes 3 separate consistent urine drug screens, dated 10/09/14, 11/13/14, and 12/18/14. As the RFA for this request is not provided, it is difficult to determine if this UDS request is among those already included with the case file. It appears that the provider has been performing urine drug screens with every patient encounter without providing a rationale or discussion as to why such frequent testing is necessary. ODG specifies an annual screening for patients who do not present with aberrant behaviors or previously inconsistent findings, this patient has had 3 consistent UDS's in the last quarter. Therefore, the requested screen is excessive and IS NOT medically necessary.