

<b>Case Number:</b>	CM15-0057140		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/20/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: New York

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:

The injured worker is a 57-year-old male who has reported widespread pain after walking on May 20, 2009. The diagnoses have included a recent post-operative pulmonary embolus, bilateral knee replacements, bilateral shoulder replacements, bilateral glenohumeral osteoarthritis, cervical spine strain, lumbar spine strain and chronic neck pain. Treatments have included joint replacements, a left shoulder reverse total shoulder arthroplasty on 8/12/14, a left knee replacement on 4/10/15, and many medications. The injured worker has been treated by many physicians over the last several years. On 9/9/14, the injured worker was evaluated in physical therapy for the right knee. Visits continued into November 2014. No physician reports discuss the content, results, or quantity of this physical therapy. Reports from orthopedic and pain management physicians during 2014-2015 show ongoing multifocal pain, with ongoing prescriptions for Tylenol #3, and a Flector patch. The physician prescribing these medications prescribes urine drug screens. The physician prescribing the urine drug screen now under Independent Medical Review is a different physician and who does not appear to prescribe any medications. The treating physician of relevance to this review has noted ongoing right knee pain, and has prescribed periodic urine drug screens without specific indications and without any medications discussed. On 11/20/14, the physical therapy for the knee was stated to have been completed. The work status was off work. 12 more physical therapy visits were prescribed and another urine drug screen was prescribed to check efficacy of medications. On 12/3/14, the Request for Authorization was for 12 more physical therapy visits for the right knee and another urine drug screen. Per the PR2 of February 16, 2015, there was ongoing bilateral knee pain

without change. There was no mention of any medications. The treatment plan included physical therapy, urine toxicology screening, a rental of an interferential current stimulation unit for 30-60 days, and supplies. The next visit was in 6 weeks. The work status was off work. On 2/27/15, Utilization Review non-certified physical therapy, urine drug screen, and an interferential stimulation unit. The MTUS and the Official Disability Guidelines were cited. The requested items did not comply with the guideline recommendations.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy 3 times a week for 4 weeks for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The current physical therapy prescription exceeds the quantity recommended in the MTUS. This injured worker has already completed a course of Physical Medicine in late 2014, which meets or exceeds the quantity of visits recommended in the MTUS. Although the treating physician has not discussed this course of physical therapy, it appears that it included at least 10-12 visits. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from the last course of physical therapy. Total disability work status implies a complete lack of functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

#### **Urine toxicology screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction, urine drug screen to assess for the use or the presence of illegal drugs, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use.

**Decision rationale:** The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. A urine drug screen is not a means "to check efficacy of medications". There is no evidence that this physician is prescribing any medications and he has not discussed why he needs to be doing tests for other physicians. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed by this physician, and the treating physician has not listed any other adequate reasons to do the urine drug screen. The physician has prescribed multiple prior urine drug screens and has not discussed the results of any of them. Given that the treating physician has not provided details of the proposed testing, and the lack of an opioid therapy program or any other indication for testing, the urine drug screen is not medically necessary.

**Interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): s 118-120.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 119.

**Decision rationale:** The ACOEM guidelines, 2004 version and the updated chapters cited above, do not recommend interferential therapy for any pain or injury conditions. The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. The treating physician has not provided a treatment plan, which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, exercise, medications, and no conductive garment. The "off work" status is evidence of a treatment plan not sufficiently focused on improving function. The interferential unit is not medically necessary based on lack of medical evidence, guidelines, and a treatment plan not in accordance with guidelines.

**Interferential unit supplies:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.