

<b>Case Number:</b>	CM14-0149015		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the provided records, this is a 54-year-old man with the date of injury of 4/4/12. The injury is to the left elbow. Mechanism of injury is not stated in the documents. The patient is status post left elbow surgery in January 2013 for a left lateral epicondyle release. He had trigger point injections times 2 prior to the 3/18/14 report. There was a secondary treating physician follow-up report from 6/3/14 indicated patient was seen for persistent pain in the left elbow. Medications included anti-inflammatory and antispasmodics. There was mention of a MRI of the elbow on 7/2013. Exam showed a well-heeled operation scar over the lateral left elbow. There is tenderness. There is pain with dorsiflexion resistance after extension of the wrist. No sensory changes. X-rays were negative. Impression was chronic left elbow pain status post left elbow surgery and complex regional pain syndrome. Isometric exercises for the left elbow are recommended along with Voltaren gel. The disputed treatments to be addressed are the unspecified unknown physical therapy with isometric exercises and point of contact urine drug screen which was denied on 8/12/14. There is a request for authorization from 8/4/14 that included these requests. There was a 6/24/14 primary treating physician orthopedic evaluation and request for authorization that reference the above 6/3/14 report from the secondary specialist which noted the recommendation for the physical therapy isometric exercises. Diagnosis was lateral epicondylitis and persistent pain status post surgery. The report requested physical therapy with the specifics outlined by the secondary specialist. Prescribed was Prilosec, gabapentin and Voltaren gel. Patient was TTD. Urine drug screen was planned for the next visit. There is no mention of any prescription of opiates, no mention of any opiate pain treatment agreement or any necessity for around the clock opiate use. There is no mention of any concern for drug abuse/misuse or addiction. The physical therapy requested does not discuss specific goals for treatment or the duration or frequency of the therapy being requested. The utilization review

determination for that request did not certify the urine drug screen and approved 4 physical therapy sessions for isometric exercise. An 8/15/14 report from the orthopedist requesting the services indicated that the patient had recently completed PT times 12 for the elbow.

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

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

**Unknown Physical Therapy with isometric exercises for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS chronic pain guidelines regarding Physical therapy support active therapy and therapeutic exercise. Home exercises are also recommended as an extension of the treatment process in order to maintain improvement levels. They allow for fading of treatment frequency from 3 visits per week to 1 or less. However, guidelines also indicate that treatment must be directed at functional improvement. This requires a treatment plan with specific functional goals for treatment as well as a time-limited treatment plan which is not submitted here. Therefore, based upon the evidence and the guidelines, unknown Physical Therapy with isometric exercises for the left elbow is not medically necessary.

**Point of care urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids; ODG pain, (chronic) urine drug testing Page(s): 77-80, 89;.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. This patient has not been prescribed any opiates nor is there an indication that there is a plan to place patient on around the clock opiates. There is no mention of any concern for drug abuse/misuse, addiction or dependence. Therefore based upon the evidence and the guidelines, point of care urine drug screen is not medically necessary.