

Case Number:	CM14-0184432		
Date Assigned:	11/12/2014	Date of Injury:	10/08/2012
Decision Date:	12/18/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57 years old female with an injury date on 10/08/2012. Based on the 10/29/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Myofascial Pain Syndrome, chronic; 2. Left hip pain; 3. Left knee pain, status post left knee (unknown date). According to this report, the patient complains of left knee and hip pain. Physical exam reveals tenderness over the left knee and hip. Range of motion of the left knee and hip is decreased. Motor strength of the left knee is decreased. The 08/12/2014 report indicates weakness and numbness in the left knee. Tenderness is noted at the left medial joint line. There were no other significant findings noted on this report. The utilization review denied the request on 11/04/2014. The requesting provider provided treatment reports from 01/30/2014 to 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Left Hip/Knee) 2 x 4 Weeks: 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 and 99.

Decision rationale: According to the 10/29/2014 report, this patient presents with left knee and hip pain. The treating physician is requesting Physical therapy (left hip/knee) 2 x4 weeks. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the 11/04/2014 appeal report the treating physician states "The patient has had not had PT for a year, and she has forgotten many of her home exercise program of her left hip and left knee." In this case, the treating physician explains that the patient has not had any therapy for quite some time, but does not state decline in function or flare-up of symptoms warranting an intervention with formalized therapy. Recommendation is that the request is not medically necessary.

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 Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug screen

Decision rationale: According to the 10/29/2014 report, this patient presents with left knee and hip pain. The treating physician is requesting Urine Drug Screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of the reports show a recent UDS were done on 10/29/2014; result and report were not included in the file for review. Patient's current medications are Naprosyn, Omeprazole, and Neurontin. ODG recommends urine screen for management of chronic opiate use in low risk patient. In this case, there is no indication that the patient is on opiates and the treating physician does not explain why these are obtained on a monthly basis. There is no discussion regarding high risk assessment to warrant such a frequent testing. Recommendation is that the request is not medically necessary.

Retrospective Review - Urine Drug Screen (DOS 10-29-14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug screen

Decision rationale: According to the 10/29/2014 report, this patient presents with left knee and hip pain. The treating physician is requesting Retrospective review-urine drug screen (DOS 10/29/2014). While MTUS Guidelines do not specifically address how frequent UDS should be

obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of the reports does not show the patient is on opiate medication. Patient's current medications are Naprosyn, Omeprazole, and Neurontin. ODG recommends urine screen for management of chronic opiate use in low risk patient. In this case, there is no indication the patient is on opiate and the treating physician does not explain why these are obtained. There is no discussion regarding high risk assessment to warrant such a frequent testing. Recommendation is that the request is not medically necessary.