

<b>Case Number:</b>	CM15-0000948		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on 5/02/2013. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included left knee ACL. Treatment to date has included physical therapy and mediations. He underwent left knee ACL reconstruction on 8/27/2013. Currently, the Injured Worker complains of persistent pain in the left knee. His pain level is a 3/10 on a pain analog scale. Objective findings include pain, stiffness and a limping ambulation to the left knee. X-rays of the left knee show no soft tissue swelling. Physical therapy was recommended. Per the doctor's note dated 6/23/14 patient had complaints of left knee pain at 5/10. Physical examination of the left knee revealed limited range of motion and stiffness. The patient has had X-ray of the left knee with normal findings and MRI of the left knee on 6/12/13 that revealed left knee ACL tear. The patient's surgical history include left knee ACL reconstruction and with patellar tendon graft on 6/27/13. Per the doctor's note dated 9/3/14 patient had complaints of left knee pain at 5/10 with weakness. Physical examination revealed limited range of motion and strength and antalgic gait. Per the note dated 1/5/15 he had complain of left foot pain and tenderness on palpation. He had received 50 PT visits since the date of surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4:** 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 therapy Page(s): 98.

**Decision rationale:** 1 Request: Physical therapy 3x4. The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. He had received 50 PT visits since the date of surgery. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefited with additional PT. Per the guidelines cited, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy 3x4 is not fully established for this patient.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guideline.

**Decision rationale:** 2 Request: Urine toxicology screen. Per the CA MTUS guideline cited above, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The current medication list was not specified in the records provided, whether the patient is taking any opioid medication or not, this is not specified in the records provided. Any history of substance abuse was not specified in the records provided. The medical necessity of the request for Urine toxicology screen is not fully established in this patient.