

<b>Case Number:</b>	CM15-0116925		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: 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 46 year old female, who sustained an industrial injury on 1/17/14. The initial diagnosis and symptoms experienced were not included. Treatment to date has included MRI, x-ray, nerve conduction study, surgery, medication, urine drug screen, physical therapy and home exercise program. Currently, the injured worker complains of right wrist pain that radiates up toward her elbow and is rated at 5/10. The injured worker is diagnosed with carpal tunnel syndrome and pain in joint, forearm. Her work status is return to work with modifications. The injured worker has undergone right wrist carpal tunnel surgery on 12/16/14. In a note dated 5/7/15, it states there is weakness and pain in her wrist. The note also states the injured worker continues to struggle with gripping and lifting that can be improved with supervised therapy. She has completed 12 sessions of physical therapy. A request for continued physical therapy, 8 sessions (2x4) to the right wrist to enhance mobility and decrease pain, and a urine toxicology screen to monitor medication use and efficacy is being sought. Medications dispensed included hydrocodone. The medical records note that urine drug screen with specimen collected on 12/4/14, 2/12/15 and 3/26/15 was negative for hydrocodone which was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4 to the Right Wrist: 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 98-99, Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The injured worker is status post carpal tunnel release on 12/16/14 and has completed 12 sessions of physical therapy treatments to date. The MTUS post surgical guidelines recommend up to 8 visits over 3 months. The request for additional physical therapy treatments is not supported. The injured worker has completed the appropriate number of physical therapy treatments recommended by the MTUS guidelines. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records do not establish that the injured worker is unable to safely and effectively perform an independent home exercise program to obtain additional strength. In the absence of re-injury or an acute exacerbation, the request for additional physical therapy is not supported. The request for Physical Therapy 2 x 4 to the Right Wrist is not medically necessary and appropriate.

**Urine Toxicology Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

**Decision rationale:** The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. The medical records note that urine drug screen with specimen collected on 12/4/14, 2/12/15 and 3/26/15 was negative for hydrocodone which was prescribed. There is no presence of illegal drugs. Despite multiple prior urine drug screens for which the prescribed medication was not detected, the medical records note continued dispensation of hydrocodone during office visits. There is no evidence that the prior results of the urine drug screens have been discussed with the injured worker. The request for an updated urine drug screen is not supported. The request for Urine Toxicology Screen is not medically necessary and appropriate.