

<b>Case Number:</b>	CM15-0119879		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 24, 2010. In a Utilization Review report dated June 5, 2015, the claims administrator partially approved 10 of 12 physical therapy treatments proposed while denying failing to approve urine toxicology screening. A progress note dated May 18, 2015 and an associated RFA form of June 1, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of knee pain. The applicant had undergone a left knee total knee arthroplasty, it was reported, at an unspecified point in time. The treating provider suggested that the applicant was working with restrictions in place. A well-healed knee incision line was noted with 120 degrees of knee range of motion. The applicant exhibited intact motor function, reflexes, and sensorium, it was reported. Twelve sessions of physical therapy were endorsed while the applicant's work restrictions were renewed. Urine drug testing was sought. The attending provider did not state what (if any) medications the applicant was using on this date. It was not clearly stated how much prior physical therapy the applicant had had through this point in time. Somewhat incongruously, in a separate note dated May 27, 2015, the applicant's primary treating provider (PTP) placed the applicant off of work, on total temporary disability owing to multifocal complaints of low back, knee, shoulder, and neck pain. The applicant was using oxycodone, Lyrica, and Prozac, it was acknowledged. The treating provider did not, however, state whether this represented the applicant's entire medication list. Eight sessions of manipulative therapy were proposed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** No, the request for 12 sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represented treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, it was reported nine days after the office visit in question, on May 27, 2015. The applicant remained dependent on opioid agents such as Percocet, it was reported on May 27, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), criteria for the use of urine drug testing.

**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 (Chronic), Urine drug testing (UDT).

**Decision rationale:** Similarly, the request for urine toxicology screening (AKA urine drug testing) is likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform the drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug testing or drug he panel he is testing for and why, and attempt to categorized applicants into higher or lower-risk categories for whom more or less frequent

drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The applicant's complete medication list was not attached on either the May 18, 2015 RFA form or the associated progress note of the same date. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT), nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.