

Case Number:	CM15-0172586		
Date Assigned:	09/14/2015	Date of Injury:	09/30/2003
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, 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 72 year old female, who sustained an industrial-work injury on 9-30-03. A review of the medical records indicates that the injured worker is undergoing treatment for left carpal tunnel syndrome; status post left carpal tunnel release 5-28-15, history of 2 previous left knee arthroplasties and failed left total knee replacement. Medical records dated (3-10-15 to 8-5-15) indicate that the injured worker complains of continued residual pain in the left wrist and hand but the numbness in the left hand has resolved since undergoing left carpal tunnel release. The medical record dated 8-5-15 the physician indicates that the injured worker complains of bilateral knee pain. She reports that the left knee has been giving way and locks more often. She is also using a walker more often. The medical records dated (7-6-15 to 8-5-15) the physician indicates that the pain is 4-5 out of 10 on pain scale with use of medication and 8-9 out of 10 on pain scale without medication. The medical records also indicate improvement in activities of daily living (ADL) as well as increased ability to grip, lift, reach, sit, stand and walk as a result of the medication use. Per the treating physician report dated 8-5-15 the injured worker has not returned to work and is to remain off work until 9-19-15. The physical exam dated 8-5-15 reveals the left wrist has mild tenderness over the incision scar, the range of motion is decreased with flexion and extension, and the Jamar grip dynamometer strength readings reveal that the right is 08-08-06 kg and the left is 00-00-00. The left knee exam reveals that the injured worker uses a walker to ambulate and has a slow guarded gait favoring the left knee. There is tenderness noted about the lateral joint of the left knee with some laxity in the medial-lateral stress and anterior-posterior stress. There is mild swelling noted. The range of motion of the left knee is

110 degrees with flexion. Treatment to date has included pain medication including Norco, diagnostics, surgery, and physical therapy 8 sessions at least to the left hand, walker and other modalities. There is no previous urine drug screen reports noted. The original Utilization review dated 8-17-15 non-certified a request for Physical Therapy, left wrist QTY 8 as the physical therapy that was already provided should have provided ample time to transition to a home exercise program (HEP), modified a request for Physical Therapy, left knee QTY 8 modified to Physical Therapy, left knee QTY 6 as a trial and to re-educate the injured worker in the use of a dynamic home exercise program (HEP) and further authorization will require documented objective evidence of functional improvement, and non-certified a request for Urine drug screen as the medical necessity per the guidelines is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, left wrist Qty 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 28.

Decision rationale: In this case, the claimant had carpal tunnel release. The ODG guidelines recommend 16 sessions therapy over 10 weeks. The claimant had completed 8 sessions post-operatively and the request for an additional 8 is medically necessary and appropriate before transitioning to home exercises.

Physical Therapy, left knee Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 52.

Decision rationale: According to the guidelines, physical therapy 24 sessions over 10 weeks and for arthroscopy 12 sessions over 12 weeks, in this case, the claimant's surgery was over a year ago. There was no indication of inability to perform home exercises. The time elapsed since surgery is over a year. The amount of prior therapy sessions completed is unknown. The request for additional 8 sessions of therapy for the knee is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.