

Case Number:	CM15-0175678		
Date Assigned:	09/17/2015	Date of Injury:	08/20/2014
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 60 year old male injured worker suffered an industrial injury on 8-20-2014. The diagnoses included complex tear of the posterior horn medical meniscus of the right knee. On 8-18-2015, the treating provider reported mild to moderate pain, and back at work while taking no pain medication. On exam the right knee range of motion was 0 to 1 out of 10 with synovitis grade 2. Prior treatments included right knee arthroscopy with meniscectomy and chondroplasty 4-24-2105, followed by completion of at least 18 sessions of physical therapy. The Utilization Review on 8-25-2015 determined non-certification for urine analysis toxicology and physical therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: According to the cited MTUS guidelines, frequent urine drug testing (UDT) is recommended for those at high risk of opioid abuse. The ODG states that UDT should be based on the risk stratification and that "low risk" patients should be tested within six months of therapy start, then yearly. At this time, the injured worker is not taking opioids (as of 8-18-2015 notes) and does not fit a "high risk" category for addiction/aberrant behavior. Therefore, the request for urine drug screen is not medically necessary or appropriate.

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: According to the MTUS guideline cited, physical medicine for postsurgical treatment of meniscectomy is 12 visits over 12 weeks, with a treatment period of 4 months. General physical medicine guidelines for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, patients are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, he completed 18 visits of postoperative physical medicine and would be expected to continue his active therapies at home as an extension of his treatment. Therefore, the request physical therapy 2 times a week for 6 weeks is not medically necessary or appropriate.