

<b>Case Number:</b>	CM15-0033373		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on 6/26/2010. She has reported a left knee injury subsequently requiring arthroscopy 10/23/14. The diagnoses have included left knee internal derangement with degenerative joint disease, meniscus tear and chondromalacia patella, status post left knee arthroscopy 10/23/14. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, and physical therapy, and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, the Injured Worker complains of left knee pain rated 6/10. The physical examination from 1/13/15 documented spasm of the left calf musculature, left knee Range of Motion (ROM) 0-120 degrees and slight difficulty arising from a seated position. The provider documented to continue postoperative physical therapy for the left knee, with eight (8) remaining sessions approved and requested additional physical beyond that. The plan of care also included medication therapy including Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). On 1/29/2015 Utilization Review non-certified twelve (12) physical therapy sessions three times weekly for four weeks, and modified certification for toxicology screen to UDS screen only. The MTUS and ODG Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of twelve (12) physical therapy sessions three times weekly for four weeks and a toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with left knee pain and is s/p left knee arthroscopic medial meniscectomy from 10/23/14. The treater has asked for PHYSICAL THERAPY 3X4 12 SESSIONS on 12/23/14 "provided physical nature of work duties." The patient is s/p 12 post-operative physical therapy sessions for the left knee. The prior physical therapy has diminished pain and improved tolerance to walking/standing per 12/23/14 report. Regarding therapy after meniscectomy, MTUS post surgical guidelines recommend 12 visits over 12 weeks within 4 months of surgery. The patient is temporarily totally disabled for four weeks. In this case, the patient has ongoing left knee pain. The prior 12 sessions of physical therapy for the left knee have proven effective. However, MTUS postsurgical guidelines recommend 12 sessions of post-operative therapy. The request for an additional 12 sessions exceeds MTUS guidelines. There is no discussion as to why the patient cannot transition into a home exercise program at this time. The request IS NOT medically necessary.

**Toxicology screen today random (DOS: 12/23/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain 2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse, Drug Testing Page(s): 94-95, 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** This patient presents with left knee pain. The treater has asked for TOXICOLOGY SCREEN TODAY RANDOM DOS 12/23/14 on the progress report dated 12/23/14. The patient's most recent urine drug screen results not included was on 9/9/14 report, which also states that the patient is at high risk in regard to testing frequency, as patient has had a poor response to opioids in the past, has depression, and has not returned to work for several months. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. The patient is temporarily totally disabled for four weeks. In this case, the patient is currently on opiates. The treater has asked for drug screen to monitor current opiate usage which is in line with MTUS guidelines. The patient is stated to be at high risk but no validated instruments were used to determine the patient's high risk. ODG guidelines support once yearly for low risk and up to 3-4 times per year for more high risk patient. The most recent urine drug screen was on 9/9/14,

but the results of that test were not included in reports. The treater has obtained another UDS on 12/23/14. Once or twice per year UDS to manage this patient's chronic opiate use would appear reasonable. The random urine drug screen on 12/23/14 WAS NOT medically necessary.