

<b>Case Number:</b>	CM15-0046340		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker was a 59 year old female, who sustained an industrial injury, November 3, 2011. The injured worker previously received the following treatments x-ray of the left knee, random urine toxicology testing, total left knee replacement on December 1, 2014 and laboratory studies and physical therapy 12 visits from December 18, 2014 through January 14, 2015. The injured worker was diagnosed with severe tri-compartmental osteoarthritis of the left knee, total knee replacement and bilateral carpal tunnel syndrome. According to progress note of January 26, 2015, the injured workers chief complaint was left knee pain and swelling. The physical exam noted decreased range of motion of the left knee. The injured worker was walking with a limp. An x-rays was taken of the left knee and left tibia which showed no increase of osteoarthritis. The injured worker was status post left total knee surgery on December 1, 2014. The treatment plan included urine toxicology studies and physical therapy 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twelve (12) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Physical therapy, twelve (12) sessions is not medically necessary. The guidelines recommend up to 24 visits for this patient's particular knee surgery. The documentation indicates that the patient has had 24 visits certified. The patient continues to have an antalgic gait, however it is not likely that the patient requires 12 more supervised therapy sessions. Furthermore, the request as written does not specify a body part. The request for physical therapy is not medically necessary.

**Urine toxicology:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; Opioids, steps to avoid misuse/addiction Page(s): 77-80,94;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

**Decision rationale:** Urine toxicology is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends random drug testing, not at office visits or regular intervals. The MTUS states that when initiating opioids a urine drug screen can be used to assess for the use or the presence of illegal drugs. The documentation states that urine toxicology is being ordered to assess the efficacy of the medication. There is no rationale documented on how this test would assess medication efficacy. Furthermore, the patient had a urine toxicology certified 12/23/14 and another one would not be necessary this soon. The request for urine toxicology is not medically necessary.