

<b>Case Number:</b>	CM15-0046483		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 is a 63-year-old female, who sustained a work related injury on 8/17/12. She caught a falling office paper shredder with her right hand. The diagnoses have included right carpal tunnel syndrome, status post right carpal tunnel surgery, stenosing tenosynovitis along the A1 pulley of right thumb, long finger and little finger and chronic pain syndrome. Treatments to date have included right carpal tunnel surgery with long finger release 6/30/14, physical therapy, TENS unit therapy, medications and work modifications. In the PR-2 dated 2/16/15, the injured worker is having triggering along the index and little finger. She has some tightness of the flexors of the long finger and difficulty-reaching palm of hand. She is unable to do chores around the house. The treatment plan is to request authorization of a urine drug screen and for more physical therapy to right hand since this has helped with movement and pain to hand in the past.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist & Hand.

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

**Decision rationale:** Physical Therapy 12 Sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that therapy should transition to an independent home exercise program. The documentation indicates that the patient has had 12 sessions of therapy to the right hand. At this point, the patient should be well versed in a home exercise program. There are no extenuating circumstances documented that would require 12 more supervised therapy sessions. The request for additional physical therapy is not medically necessary.

**Toxicology Urine Drug Screen 10-panel QTY 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Pain 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:** Toxicology Urine Drug Screen 10-panel QTY 1 is not medically necessary per the MTUS Guidelines and the ODG. 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 ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. The ODG states that when a point of contact screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The documentation is not clear on how many prior urine drug screens and outcomes the patient has had since her work injury in 2012. The documentation is not clear on aberrant behavior. Furthermore, it is unclear why the patient is unable to be testing with a point of contact screening test rather than a 10-panel screen. The request for the toxicology urine drug screen is not medically necessary.