

Case Number:	CM15-0070688		
Date Assigned:	04/20/2015	Date of Injury:	09/09/2013
Decision Date:	05/22/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

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 42-year-old female, who sustained an industrial injury on 9/9/2013. Diagnoses have included carpal tunnel syndrome status post carpal tunnel release. Treatment to date has included magnetic resonance imaging, surgery and medication. According to the progress report dated 2/18/2015, the injured worker complained of insomnia, fatigue and pain. The handwritten progress note was difficult to decipher. Objective findings revealed a healed incision. Authorization was requested for a urinalysis for toxicology and eight physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urinalysis Test for Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids, pages 77-79 Page(s): 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. The documentation provided does not show any evidence of this patient being on a controlled substance that would show up on a standard urine drug screen it should also be noted that several of the office notes are hand written and difficult to decipher. Likewise, this request is not considered medically necessary.

8 Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, pages 132-133 Page(s): 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines also state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. This patient has previously had 15 sessions of physical therapy, but now his physician is requesting an additional 8 sessions. The guidelines recommend fading of treatment frequency, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.