

Case Number:	CM15-0075220		
Date Assigned:	04/27/2015	Date of Injury:	12/13/2010
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal Medicine, Rheumatology

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 54 year old, female who sustained a work related injury on 12/13/10. The diagnoses have included degenerative joint disease left knee and left knee sprain/strain. The treatments have included left knee Supartz injections, medications, left knee surgeries x 2, and aquatic therapy with benefit. In the PR-2 dated 3/11/15, the injured worker complains of chronic left knee pain. She states the pain is achy and she has stiffness, tenderness and throbbing in the left knee. She rates the pain a 5/10. The treatment plan is for requests for aquatic therapy and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: 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, criteria for use, steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 54 year old female has complained of left knee pain since date of injury 12/13/10. She has been treated with physical therapy, hyaluronate injections, surgery and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.

Aquatic Therapy (left knee) 2 times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, 346.

Decision rationale: This 54 year old female has complained of left knee pain since date of injury 12/13/10. She has been treated with physical therapy, hyaluronate injections, surgery and medications. The current request is for aquatic therapy (left knee) 2 times 6 weeks. Per the ACOEM guidelines cited above, aquatic therapy is not recommended as a physical modality treatment for knee pain. On the basis of the MTUS guidelines, aquatic therapy (left knee) 2 times 6 weeks is not medically necessary.