

Case Number:	CM15-0078000		
Date Assigned:	04/29/2015	Date of Injury:	03/09/2012
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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:

This 60 year old woman sustained an industrial injury on 3/9/2012 after receiving a second degree burn on an autoclave. Evaluations include undated right hand and left knee x-rays. Diagnoses include triangular fibrocartilage tear of the right wrist and advanced carpometacarpal joint arthritis. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 3/11/2015 show complaints of right hand and wrist pain. Recommendations include physical therapy, urine drug screen, Hydrocodone/APAP, Diclofenac Sodium, Pantoprazole, Cyclobenzaprine, and follow up in six weeks.

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 for the Right Hand/Wrist: 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 Page(s): 98-99.

Decision rationale: This injured worker receives treatment for chronic R hand pain. This relates back to a work-related injury dated 03/09/2012. The patient received 24 sessions of physical therapy post-operatively. The patient has become opioid dependent. This review addresses a request for 12 additional PT sessions. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries or any recent post-operative conditions that would require more physical therapy at this time. Physical therapy sessions are not medically necessary.

Urine Toxicology 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, indicators for addiction Page(s): 87-88.

Decision rationale: This injured worker receives treatment for chronic R hand pain. This relates back to a work-related injury dated 03/09/2012. The patient received 24 sessions of physical therapy post-operatively. The patient has become opioid dependent. This review addresses a request to perform a urine toxicology screen. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.