

<b>Case Number:</b>	CM13-0016313		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 48 year old male with injury from 08/28/09. He is diagnosed with right wrist chronic pain radiocarpal > ulnar carpal/TFCC; right deQuervain's; right CTS; status post right wrist arthroscopy, release 1st dorsal compartment on 2/25/13. The IMR application shows a dispute with the 8/12/13 UR decision. The 8/12/13 UR decision is by [REDACTED] and is for denial of a urine drug screen on 2/21/13. However, on reading the 2/21/13 report, the patient was sent to [REDACTED] for a pre-operative medical clearance for an upcoming right wrist surgery. On 2/21/13, [REDACTED] did not perform a UDT, he did the UA, along with CBC and prothrombin time and a chem panel. The UA showed +2 glucose. So the IMR question presented to me, is for a retrospective review of a non-existent urine drug screen performed on 2/21/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for one (1) urinalysis drug screen on 2/21/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2ND Edition, (2004), Section on Drug Testing, pg 43 and the Official Disability Guidelines (ODG), Section on Urine Drug Testing.

**Decision rationale:** The records show the patient did not have a urine drug screen on 2/21/13. The records show on 2/21/13 the patient had the urinalysis and blood work as part of the pre-operative medical clearance for the wrist surgery that was performed on 2/25/13. On 2/21/13, the internal medicine physician noted the patient was only taking medication for diabetes and hypertension. The urinalysis (UA) on 2/21/13 was necessary as it provided details on the patient's diabetes for consideration for surgical clearance, but there is no indication on retrospective review that the patient had the urine drug test (UDT) on the date in question.