

Case Number:	CM13-0022041		
Date Assigned:	03/12/2014	Date of Injury:	10/19/2010
Decision Date:	06/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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:

The patient is a 38-year-old female with date of injury of 10/19/2010. The listed diagnoses per [REDACTED] dated 08/24/2013 are: Status post right shoulder derangement, acute acromioclavicular joint pain; Status post knee contusion with possibility of meniscus injury; Right ankle derangement with possibility of chronic lateral sprain/strain on the right malleolar area. According to the report, the patient complains of ongoing right knee pain. She has yet to receive authorization to proceed with arthroscopic surgery. The physical examination of the right knee shows there is no evidence of previous surgical intervention, deformity, or overlying skin lesions. There is significant motion limitation in flexion, particularly at about 90 degrees. The joint is warm and tender to palpation. There is right lower extremity and foot swelling. There are no signs of DVT. Drawer testing appears to be somewhat impaired. The utilization review denied the request on 08/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY TEST: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: This patient presents with chronic right knee pain. The treater is requesting a urine toxicology test. The MTUS Chronic Pain Guidelines do not specifically address how frequent urine drug screens should be obtained for high-risk opiate users. However, the ODG states that for low-risk opiate users, one yearly urine drug screen is recommended following the initial screen within the first six months. The patient's current medications include Tramadol and Ketoprofen cream. The review of reports do not show any recent or prior urine drug screen. In this case, the ODG supports a yearly urine drug screen for patients taking opioids. The request is medically necessary and appropriate.