

Case Number:	CM13-0022396		
Date Assigned:	09/08/2014	Date of Injury:	12/20/2010
Decision Date:	10/14/2014	UR Denial Date:	08/14/2013
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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old gentleman was reportedly injured on December 20, 2010. The mechanism of injury was noted as having the left knee struck by a hydraulic hose. The most recent progress note, dated May 13, 2013, indicated that there were ongoing complaints of neck pain, left shoulder pain, right wrist/elbow pain, low back pain, and bilateral knee pain. The physical examination demonstrated decreased cervical and left shoulder range of motion. There was a positive impingement sign and supraspinatus sign for the left shoulder. There was a normal upper extremity neurological examination. Examination of the left knee noted pain and crepitus of the patellofemoral joint. Range of motion of the left knee was from 8 to 85. Diagnostic imaging studies of the left knee revealed a Grade III tear of the posterior horn of the medial meniscus and a medial collateral ligament sprain. Nerve conduction studies revealed a bilateral L5 radiculopathy. Previous treatment included a left knee arthroscopy and physical therapy. A request had been made for a urinalysis drug screen and was not certified in the pre-authorization process on August 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 URINALYSIS DRUG SCREEN (DOS: 5/9/13):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43 of 127..

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.