

Case Number:	CM13-0030636		
Date Assigned:	11/27/2013	Date of Injury:	04/12/2006
Decision Date:	12/16/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine 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:

This patient is a 46 year old female who has developed right elbow, knee and lumbar pain subsequent to an injury dated 4/12/06. She has been diagnosed with Lumbago, chronic lateral epicondylitis and meniscal tear of the left knee. She has been treated with left knee arthroscopy X's 2. Medications have included Bupropion, Valium, Ibuprofen and Vicodin. Her low back pain is VAS rated 9/10 with foot numbness, her knee pain is rated VAS 6/10. Medical testing is requested but there are little specifics regarding what tests are being requested and what the medical necessity is.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-28.

Decision rationale: MTUS Guidelines present reasonable medical standards to justify medical testing and establishing a diagnosis. These standards have not been met. There is no medical

rational given supporting the medical necessity of a urinalysis. The urinalysis is not medically necessary.

Baseline laboratory studies: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-28.

Decision rationale: MTUS Guidelines present reasonable medical standards to justify medical testing and establishing a diagnosis. These standards have not been met. There is no medical rational given supporting the medical necessity of baseline laboratory studies nor is there any specificity regarding laboratory studies may be requested. The requested baseline laboratory studies are not medically necessary.

X-rays, if needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-28.

Decision rationale: MTUS Guidelines present reasonable medical standards to justify medical testing and establishing a diagnosis. These standards have not been met. There is no medical rational given supporting the medical necessity of x-ray neither studies nor is there any specificity regarding what x-rays may be requested. The requested X-rays if needed are not medically necessary.