MAXIMUS Federal Services

Case Number:	CM13-0033592		
Date Assigned:	12/06/2013	Date of Injury:	04/14/1958
Decision Date:	02/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/10/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The 8/13/13 note indicates urine toxicology review. The 8/8/13 note of [redacted] indicates the claimant was seen for post-op re-check of left knee arthroscopy. There was complaint of left toes being numb and it started after her knee arthroscopy. It indicates objective examination shows patient does not have full flexion (of knee). There were no medications listed in the medical progress note. The 6/27/13 note by [redacted] notes the knee exam has normalized and there is no temperature gradient. It notes the medication list was reviewed (but does not list medications). The 6/11/13 note by [redacted] notes evaluation of a QME. The history was indicated as postoperative chondroplasty of the right knee with arthritic changes and decreased range of motion. It notes she underwent pain management, physical therapy, but no additional treatment has been provided to the left knee. He recommended the only therapy that would benefit the claimant was for total knee arthroplasty. There was no information regarding any medications in this note. The medical records provided for review do not indicate the claimant as being prescribed any opioid medications or plan to treat the claimant with opioid medications during the time frame of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen: 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 Opioids Page(s): 77.

Decision rationale: The medical records provided for review do not indicate a prior history of illicit substance or inappropriate prescription drug use as risk factors. The medical records do not indicate plan to use opioids or that opioids are prescribed to the claimant. There is no indication of the rationale for the UDS in the treatment plan of the claimant. As such, based on the records provided for review, the requested UDS is not supported as medically necessary under MTUS guidelines.