

Case Number:	CM13-0036497		
Date Assigned:	12/13/2013	Date of Injury:	02/06/2004
Decision Date:	03/05/2014	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice 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:

The patient is a 51 year old male who reported injury on 02/06/2004. The mechanism of injury was not provided. The patient was noted to have right knee throbbing pain. The patient was noted to have pain with range of motion. The patient's diagnoses were noted to include right knee arthroscopy surgery. The request was for an authorization for an X force unit to help the patient decrease pain and a home exercise kit as well as a drug urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. Clinical documentation submitted for review failed to indicate the patient was taking opioid medications which would necessitate a urine drug screen. Additionally, there was a lack of documentation indicating the

patient had issues of abuse addiction or poor pain control. Given the above, the request for a urine drug screen is not medically necessary.

Home exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Home Exercise kit

Decision rationale: Official Disability Guidelines indicates that a home exercise kit is recommended as an option. There was a lack of documentation of the requested components of the home exercise kit. Given the above and the lack of documentation, the request for a Home exercise kit is not medically necessary.

X-Force unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-116.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. Clinical documentation submitted for review failed to indicate the patient had documented evidence that other appropriate pain modalities had been tried and failed. Per the submitted request there was lack of documentation indicating whether the request was for rental or purchase. Given the above and the lack of documentation, the request for an X force unit is not medically necessary.