MAXIMUS Federal Services

Case Number:	CM13-0037716		
Date Assigned:	12/18/2013	Date of Injury:	06/18/2008
Decision Date:	02/20/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopedic Surgery and is licensed to practice in Louisiana and Texas. 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 44-year-old female who reported injury on 06/18/2008. The mechanism of injury was noted to be a slip and fall. The patient was noted to have constant pain that was increased by sitting, walking, standing, and stair-climbing and driving. The patient was noted to have decreased range of motion in all planes and positive tenderness to palpation of the lumbar paraspinous area and decreased range of motion in extension and decreased range of motion in flexion. The diagnoses were noted to include pain in joint lower leg and chronic pain syndrome. The request was made for a retrospective urinalysis and a retrospective purchase of an electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE RANDOM URINE DRUG SCREEN (DOS:9/11/13): 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 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. The clinical

documentation submitted for review indicated the patient had 2 urine drug screens, 1 on 11/07/2012 and 1 on 02/22/2013, which revealed the patient's testing was consistent with the prescribed medications. Additionally, the clinical documentation indicated the patient had denied diversion of medications or aberrant drug-taking behaviors. Given the above, the request for RETROSPECTIVE RANDOM URINE DRUG SCREEN (DOS: 9/11/13) is not medically necessary.

RETROSPECTIVE PURCHASE OF AN ELECTRIC SCOOTER: 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 Power Mobility Device Page(s): 99.

Decision rationale: The California MTUS Guidelines do not recommend a power mobility device if the functional mobility deficit can be sufficiently resolved by the prescription of a cane, or the patient has sufficient upper extremity function to propel a manual wheelchair or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. The clinical documentation submitted for review indicated the patient had ambulated with a cane. Additionally, it was indicated that the patient had extreme difficulty with ambulation. However, there was a lack of documentation indicating a thorough objective physical examination to reveal the patient had insufficient upper extremity function to propel a manual wheelchair, and there was a lack of documentation indicating there was no caregiver available to assist the patient. Given the above, the request for RETROSPECTIVE PURCHASE OF AN ELECTRIC SCOOTER is not medically necessary.