

Case Number:	CM13-0049914		
Date Assigned:	12/27/2013	Date of Injury:	11/12/2008
Decision Date:	03/20/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 11/12/2008. The mechanism of injury was not provided. The note dated 09/05/2013 indicated the patient was seen due to a suspected infection in the incision from being status post total knee arthroplasty on 08/24/2013. It was indicated the incision was inspected, which looked clean and was healing. Range of motion of the left knee range of motion extension was 5 degrees and flexion was 70 degrees. There was tenderness to palpation over the medial and lateral joint line. It was noted that sutures were removed from the surgical incision and the area was cleaned under sterile and aseptic technique.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug test performed on 9/3/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

Decision rationale: California MTUS recommends drug testing as an option, using a drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines recommend urine drug test based on documented evidence of risk stratification. Guidelines also state that there should be documentation of an addiction screening test available in the records accompanied by a point of contact immunoassay test. If this test is inappropriate, confirmatory lab testing is not required. The medical records submitted for review did not include this documentation. Guidelines also state that if urine drug test is negative for the prescribed drug or positive for non-prescribed drug, confirmatory tests should then be performed. The records provided for review failed to provide the patient's risk stratification to support the urine drug test, as well as failed to include the office visit and point of contact testing. The Official Disability Guidelines state that if the point of contact test is inappropriate, confirmatory lab testing can be performed. However, quantitative testing is not required as a method of confirmatory testing. Therefore, the request is non-certified.