MAXIMUS Federal Services

Case Number:	CM13-0056856		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2013
Decision Date:	05/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/23/2013

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 Orthopedic Surgery 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:

The claimant is a 29-year-old gentleman who was injured in a work-related accident on June 4, 2013. A recent supplemental progress report of December 4, 2013, indicated that the claimant was being treated for a crush injury to the right upper extremity, particularly the right small finger. The injury resulted in a dislocation at the proximal interphalangeal (PIP) joint of the fifth finger. Surgery took place on June 6, 2013, in the form of a repair of the radial collateral ligament. His chief complaint at present was that of painful forced flexion with examination findings showing 20 degrees of ulnar angulation at the PIP joint. It states that the digit returns to the normal posture while making a fist. Further physical exam findings show 0 to 75 degrees motion at the metacarpophalangeal (MCP), 20 to 80 degrees at the PIP and 0 to 60 at the distal interphalangeal (DIP) joint. The radiographs showed a small avulsion chip fracture at the proximal interphalangeal joint adjacent to the middle phalanx consistent with his previous injury. The recommendation at that time was for the advancement of work activities. Further documentation of injury or working diagnosis is not noted. There is current request for a urinalysis with urine toxicology and non-specified laboratory testing for this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PAIN CHAPTER

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, DIFFERENTIATION: DEPENDENCE & ADDICTION Page(s): 85.

Decision rationale: The Chronic Pain Guidelines indicate that "Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); and (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed." The medical records provided for review do not show evidence of medication management or an indication of misuse of medicine, for which a urine toxicology screening would be recommended. The absence of the above would fail to necessitate the specific testing in question.

TOXICOLOGY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PAIN CHAPTER

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, DIFFERENTIATION: DEPENDENCE & ADDICTION Page(s): 85.

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LABS (NOT SPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation HARRIS J, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION (2004), PAGE 127, and the HEGMANN K, OCCUPATIONAL

MEDICINE PRACTICE GUIDELINES, 2ND EDITION (2008 REVISION), PAGE 503. The Expert Reviewer also cited the Non-MTUS citation: OFFICIAL DISABILITY GUID

Decision rationale: The Guidelines indicate that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. The Official Disability Guidelines indicate that a preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The laboratory testing in this case also would not be indicated, since the specific testing is not documented. The claimant's current clinical picture, medical history and orthopedic treatment would not support the acute need of laboratory testing. The specific request would not be supported as necessary.