

Case Number:	CM13-0070830		
Date Assigned:	01/08/2014	Date of Injury:	02/06/2012
Decision Date:	06/16/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in 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 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 injured worker is a 44-year-old who had reported an injury to his left knee when he was struck by another person. The clinical note dated June 20, 2013, indicates the injured worker continuing to work light duty following the initial incident. The injured worker was identified as having undergone an arthroplasty at the left knee. The note indicates the injured worker continuing with left knee pain and swelling. The therapy note dated July 2, 2013, indicates the injured worker stating that he had woken one morning with an increase in left knee pain. The injured worker stated he had used a cane for ambulatory assistance. The injured worker was identified as having undergone lab studies secondary to fluid at the left knee. Gram negative rods were identified. However, no growth was identified with the culture. The clinical note dated July 16, 2013, indicates the injured worker having recently undergone lab studies to include a CBC, CRP, and sed rate. The radiology report dated August 20, 2013, revealed unremarkable except for a slight patellar tilt without subluxation. The clinical note dated October 15, 2013, indicates the injured worker being recommended for a secondary evaluation to address the injured worker's complaints of right knee stiffness. The clinical note dated October 31, 2013, indicates the injured worker utilizing Oxycodone for pain relief. The surgical wound at the right knee was well approximated and healing well with no erythema, induration, or drainage. The clinical note dated November 2, 2013, indicates the injured worker complaining of a stiff and painful knee. There is an indication that the injured worker has previously undergone a total knee replacement which resulted in an infection. The injured worker continued with stiffness and pain despite treatment for the infection. The injured worker was recommended for a two-stage revision. No information was submitted regarding the injured worker's inappropriate compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN FOR DATE OF SERVICE 11/07/2013:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43.

Decision rationale: The documentation indicates the injured worker having undergone an operative procedure at the left knee. Urine drug screens are indicated provided the patient meets specific criteria to include the injured worker having been identified as a potential for drug misuse, the injured worker is demonstrating aberrant behavior, or previous studies have indicated the injured worker being non-compliant with the prescribed drug regimen. No information was submitted regarding the injured worker's risks for being at risk for drug misuse. No information was submitted regarding the injured worker's previous studies demonstrating non-compliance. No information was submitted regarding the injured worker's previous aberrant behavior. The retrospective request for a urine drug screen, provided on November 7, 2013, is not medically necessary or appropriate.