

Case Number:	CM14-0004455		
Date Assigned:	02/05/2014	Date of Injury:	11/24/2010
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/13/2014

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 Internal Medicine, 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 injured worker is a 60 year old female who reported an injury on 11/24/2010 secondary to hitting her ankle. The clinical note dated 02/05/2014 reported the injured worker complained of right knee pain rated at 4/10. The injured worker reportedly stated she was participating in a home exercise program and uses pain medication when NSAIDs are not effective enough. The physical examination revealed tenderness in the medial joint and patellofemoral joint of the right knee. The diagnoses included medial meniscus tear of the right knee, strain/sprain of the right ankle, status post right knee arthroscopy, meniscectomy, and chondroplasty on 10/27/2011 and status post right unicompartmental knee arthroplasty on 03/14/2013. The treatment plan included recommendations for home exercise, and a urine drug screen. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , , 43

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

Decision rationale: The request for Outpatient Urine Drug Screen is non-certified. The injured worker has a history of right knee pain treated with surgery and medications. The California MTUS Guidelines recommend a urine drug screen be used to assess for the use or presence of illegal drugs and may be required if there is suspected non-compliance or to avoid misuse or abuse of opioids. According to the clinical information, provided for review, the injured worker utilizes opioid pain medication only as needed when NSAIDs are not effective enough and due to the lack of documentation provided to show the injured worker had a history of misuse of medications or aberrant behavior, the request is not supported. Therefore, the request for Outpatient Urine Drug Screen is non-certified.