

Case Number:	CM14-0106254		
Date Assigned:	09/16/2014	Date of Injury:	10/28/2007
Decision Date:	10/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/09/2014

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 62-year-old gentleman with a documented date of injury on 10/28/07. The clinical records provided for review document that following a course of conservative care, the claimant underwent right total knee arthroplasty on 11/07/12. Postoperatively, the claimant has had ongoing complaints of pain. A postoperative progress report of 5/9/14 reveals ongoing low back complaints due to an altered gait following the right knee surgery. Physical examination of the knee revealed a well-healed scar and range of motion from zero to 110 degrees. There was no documentation of imaging performed on that date. It was documented that the claimant continued to treat with narcotic medication and there was no documentation or diagnosis of misuse of medications and the claimant had recently undergone a urinary drug screen. The recommendation was made for right knee surgical scar tissue removal, a repeat urinalysis with drug screening, and genetic testing for opioid abuse potential.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Removal of Scar Tissue: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: SCAR Revision, Milliman Care Guidelines® Inpatient and Surgical Care 16th Edition

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the scientific, peer-reviewed literature, the request for surgical scar revision is not recommended as medically necessary. This individual is over two years following right total knee arthroplasty with recent physical examination demonstrating no acute issue directly related to his scar. There is no documentation of pain at the scar site, prior treatment for the scar, or documentation of an infectious process. Therefore, the medical records do not support the need for the surgical process based on the claimant's recent clinical presentation and physical examination findings.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREEN Page(s): 43.

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, the request for a urine drug screen would not be indicated. The documentation for review indicates the claimant had a urinary drug screen in May 2014, with no evidence of misuse or inappropriate use of medication. While periodic screening is appropriate, the claimant's recent test findings indicating no evidence of misuse of medication would fail to support the need for another urine drug screen at this time.

██████ **narcotic genetic testing:** 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: pain procedure - Genetic testing for potential opioid abuse

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for genetic testing for opioid abuse cannot be supported. While the Official Disability Guidelines indicate a strong link between addiction and genetics, they recommend that there is currently no high grade testing for this and the research remains experimental with long-term efficacy and benefit from genetic screening of unclear clinical significance. In direct relationship to the claimant's work-related injury, the role of genetic screening would not be supported as medically necessary.