MAXIMUS Federal Services

Case Number:	CM14-0014690		
Date Assigned:	07/11/2014	Date of Injury:	11/05/2011
Decision Date:	08/18/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/05/2014

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 Neurologist and is licensed to practice in Texas, Ohio, and Massachusetts. 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 53-year-old male who reported an injury on 11/05/2010 secondary to being struck in the head by an object. On 12/20/2013, the injured worker complained of left wrist pain status post left wrist surgery. Physical exam showed tenderness to palpation to the left wrist with slight swelling noted in the area; also, multiple stitches noted to the left wrist. His range of motion was limited at that time. The injured worker had multiple urine drug screens done as well as a nerve conduction study and electromyography. His diagnoses were cervical spine strain/sprain with disc lesions at C4 through C6, right shoulder strain; tendonitis, lumbosacral spine strain, herniation lumbar disc and radiculitis; myoligamentous sprain, medial meniscal tear right knee, status post arthroscopic knee surgery on the right; symptoms of anxiety and depressive illness, symptoms of intermittent insomnia, right shoulder pain with mild impingement syndrome, moderate bilateral carpel tunnel syndrome, posttraumatic cognitive changes as evidenced by the injured worker repeating himself demonstrating intermittent confusion, forgetfulness, and memory loss. His medications included naproxen, prilosec, tramadol, and norco. The treatment plan was for right carpal tunnel release, internal medicine evaluation, left wrist soft brace, the continuation of physical therapy and authorization for physiotherapy. The request for authorization was signed and dated 01/15/2014. There was no rationale for retrospective request for date of service 12/13/2013 chromatography quantitative test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 12/13/2013, chromatography quantitative test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nig.gov/pubmedhealth.

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

Decision rationale: The retrospective request for date of service 12/13/2013 chromatography quantitative test is not medically necessary. The injured worker complained of left wrist pain status post left wrist surgery. He had past treatments of physical therapy and oral medications. The California MTUS states that drug testing is recommended as an option to assess for the use or the presence of illegal drugs. More specifically, the Official Disability Guidelines state that quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity and that the request for quantitative testing requires documentation that qualifies necessity. The documentation submitted does show multiple drug screens and a supplemental report for a drug screen review stating that it was to monitor compliance and identify the possibility of drug interactions related to multiple prescribing physicians; however, the request was for 12/13/2013 and there is no clinical evaluation/documentation submitted from that date in order to establish necessity. Therefore, the retrospective request for date of service 12/13/2013 chromatography quantitative test is not medically necessary.