

Case Number:	CM14-0113851		
Date Assigned:	08/01/2014	Date of Injury:	08/29/2012
Decision Date:	09/23/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 Chiropractic and Acupuncture 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:

56 yr. old male claimant sustained a work injury on 8/29/12 involving the right knee. He has a diagnosis of Chronic Knee Pain, Degenerative Joint Disease, Obesity, Diabetes and Hypertension. An MRI in 2013 indicated he had a tear of the posterior horn of the medial meniscus and chondromalacia of the medial compartment of the left patella. A progress note on 6/3/14 indicated his obesity placed him at risk for the knee injury. At the time he was off of narcotics/opioids. The treating physician offered a [REDACTED] Weight Loss program, a urine analysis to determine if he is excreting his medications properly. The claimant was mentioned to be diabetic and an A1c was ordered as well. His previous glucose ranged from 130 to 160s in the prior 2 years. There was no recent A1c performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis (UA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 83-91.

Decision rationale: According to the MTUS guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The claimant was not on any medications at the time. A simple urinalysis would not determine excretion of drugs or their metabolism. Specific drugs were not mentioned of concern. Based on the above references and clinical history a urine screen is not medically necessary.

Hemoglobin A1C: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: American Diabetes Association.

Decision rationale: The ACOEM and MTUS guidelines do not comment on an A1c. According to the ADA, an A1c testing is recommended 2-4 times per year. There was no recent documentation of his A1c. Two years prior results were notable for elevated sugars. The A1c is appropriate for managing diabetes and is medically necessary.