

Case Number:	CM14-0183854		
Date Assigned:	11/12/2014	Date of Injury:	03/17/2014
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 46 year old male who sustained a work injury on 3-17-14. On this date, the claimant was placing a machine back into its travel case in the back of a truck when he had pain to both wrists. Office visit on 11-6-14 notes the claimant has pain even with little movement at the wrist. He as moving his fingers better. He had tightness to the fingers. The claimant was continued off work, occupational physical therapy and a short arm splint recommended. The claimant was provided with a diagnosis of right chronic wrist pain: Lunotiquetral > ulnar carpal, right deQuervain's disease, right medial neuropathy: carpal tunnel, status post right wrist arthroscopy, synovectomy, debridement on 10-22-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids ongoing use.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is an

absence in documentation noting that this claimant has misuse or abuse in the use of her medications. Therefore, the requested non-specific urinalysis is not supported.