

Case Number:	CM14-0184867		
Date Assigned:	11/12/2014	Date of Injury:	07/11/2014
Decision Date:	12/19/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family 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 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:

This injured worker's date of injury is 07/11/2014. This patient receives treatment for right knee pain. The injury occurred while shifting his body weight onto his right knee while squatting to remove a plug. He was treated with surgery on 11/14/2013 and then attended PT. Sometime afterwards, the patient reported pain on stairs, climbing and going down. The knee has "given out." On exam there is tenderness at the medial and lateral aspects of right knee and there is a positive McMurray's test. The patient had an MRI of the right knee on 10/10/2014, which showed an oblique tear of the posterior horn of the lateral meniscus and mild arthritic changes. Medications recommended include: Valium, diclofenac, tramadol, and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90-91.

Decision rationale: A urine test for drug screening may be medically indicated for patients about to begin opioid treatment or in cases involving ongoing opioid therapy where drug misuse

or addiction is suspected. The documentation in the care of this patient does not discuss opioid therapy nor any clinical suspicions of drug addiction or misuse. The urine test is not medically necessary.

Orthopedic Re-Evaluation within 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338, 346.

Decision rationale: In the medical documentation presented, there is a physician's first report of occupational injury, which is not dated. This same report's plan states, "Ortho re-exam." The documentation is unclear for two reasons: because the date of the request is lacking and the nature of the new injury is not made clear in the documentation provided. The basis for requesting another evaluation is unclear. The request for follow up visit is not medically necessary.