

Case Number:	CM14-0020453		
Date Assigned:	04/30/2014	Date of Injury:	04/18/2012
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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:

The patient is a 58-year-old female who has submitted a claim for osteoarthritis right knee, status post right knee arthroscopy; associated with an industrial injury date of 04/18/2012. Medical records from 08/15/2013 to 01/13/2014 were reviewed and showed that patient complained of right knee pain with swelling, associated with ongoing locking, giving way, and buckling. Physical examination showed tenderness in the peripatellar region. Crepitus was also noted. There was decreased flexion of the right knee. MRI of the right knee, dated 05/01/2012, revealed medial femorotibial compartment degenerative osteoporosis with complex tear of the medial meniscus posterior horn, patellofemoral compartment chondromalacia with partial thickness defect over the femoral trochlear sulcus, six 14mm x 14mm intra-articular loose body between the femoral trochlea and the patella inferior pole, and small popliteal cyst. X-ray of the right knee, dated 08/15/2013, revealed mild spurring, no evidence of fracture or dislocation, and no soft tissue calcifications. Official reports of the imaging were not provided. Treatment to date has included medications, physical therapy, and right knee arthroscopy with partial medial meniscectomy and removal of loose body (06/14/2012). Utilization review, dated 02/11/2014, denied the request for urine drug screening because the documents did not reveal cautionary findings on examination that evidence based guidelines would suggest would warrant urinalysis at the time of the request, nor was there evidence of opioid use; and denied the request for magnetic resonance arthrography (MRA) because guidelines do not support the use of MRA over traditional MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis (Opiate Screening).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient has been prescribed with Vicodin since at least August 2013, and can be classified as 'low risk' due to absence of psychiatric comorbidity. However, the medical records submitted for review did not show evidence of previous urine drug tests, including urine drug tests performed this year. Thus, approval of the present request might exceed guideline recommendations. Therefore, the request for ONE URINE DRUG SCREEN is not medically necessary.

ONE MR ARTHROGRAM OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MR Arthrography.

Decision rationale: Magnetic resonance arthrography (MRA) is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. As stated on page 343 of the CA MTUS ACOEM Guidelines, MRIs are superior to arthrography for both diagnosis and safety reasons. In this case, the patient underwent right knee arthroscopy with partial medial meniscectomy and removal of loose body in 2012. Physical examination showed right knee tenderness and laxity. The medical necessity seems apparent. However, guidelines support MRI over MRA because of its superiority in both diagnosis and safety. Therefore, the request for ONE MR ARTHROGRAM OF THE RIGHT KNEE is not medically necessary.