

Case Number:	CM14-0021534		
Date Assigned:	05/07/2014	Date of Injury:	08/19/2010
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 employee is a 61-year-old gentleman who sustained a work-related injury on August 19, 2010. The most recent physical examination available for review was dated November 8, 2013. On this date, the injured employee complained of low back pain with left sided radicular symptoms as well as left knee pain. Prior treatment has included physical therapy without any significant improvement of the left lower extremity. A previous MRI of the left knee has noted a bucket-handle tear of the medial meniscus, and the injured employee has complained of clicking, popping, and swelling. The cane is used for support and balance. Physical examination on this date notes decreased range of motion of the lumbar spine. There were tenderness and muscle spasms along the lumbar paravertebral muscles as well as pain with flexion and extension. Lower extremity muscle strength was normal, and sensation was diminished at the right L3 and left L5 dermatomes. There was a positive McMurray's test of the left knee and tenderness over the medial and lateral joint lines. There was a negative straight leg raise. An MRI of the lumbar spine, dated April 24, 2013, showed diffuse disc protrusions and disk desiccation. There is also a Grade I retrolisthesis of L2 on L3. An MRI of the left knee, dated December 15, 2011, noted a flap tear of the lateral meniscus and a bucket-handle tear of the medial meniscus, with a fragment in the intracondylar notch. Tricompartamental osteoarthritis was also noted. There was a diagnosis of left knee internal derangement with bucket-handle tear of the medial meniscus and lumbar discogenic spondylosis with low back pain. A left knee arthroscopy was recommended. An independent medical review, dated February 25, 2014, did not recommend chromatography.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHROMATOGRAPHY QUANTATIVE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The medical record indicates a urine drug screen was performed on the injured employee in January 2014 with normal results. It is unclear why additional urine drug testing is recommended. As recent results were found to be within normal limit. Therefore, the request for chromatography quantative is not medically necessary and appropriate.