MAXIMUS Federal Services

Case Number:	CM14-0027027		
Date Assigned:	06/13/2014	Date of Injury:	02/15/2012
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 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:

The injured worker is a 58 year old female who reported an injury to her left knee. The MRI of the cervical spine dated 04/03/12 revealed disc protrusions at C3-C4, C4-C5, and C5-C6. The MRI of the lumbar spine dated 04/06/12 revealed a disc protrusion with effacement of the thecal sac at L4-5. A disc protrusion with effacement was also identified at L5-S1. Bilateral neuroforaminal narrowing was identified that effaces the L5 exiting nerve root as well. The operative report dated 05/28/13 indicates the injured worker undergoing an aspiration at the right knee along with manipulation under anesthesia and an arthroscopy as well as a meniscectomy. The clinical note dated 10/09/13 indicates the injured worker complaining of left knee pain. The injured worker was able to demonstrate 0 to 110 degrees of range of motion at the left knee. The injured worker was also able to demonstrate 4/5 strength with increased guarding on examination. The injured worker also reported lateral aspect right knee pain. The injured worker was able to demonstrate 0 to 120 degrees of range of motion with crepitus at the right knee. The injured worker was also able to demonstrate 4/5 strength with both flexion and extension. The injured worker also reported right shoulder pain with associated strength deficits rated as 3/5 with flexion and abduction. The injured worker also demonstrated 90 degrees of abduction as well as 90 degrees of flexion. The injured worker had similar findings at the left shoulder with 90 degrees of flexion and abduction as well as 3/5 strength with abduction and flexion. The injured worker also demonstrated positive findings indicating a Neer's sign. The physical performance evaluation dated 10/04/13 indicates the injured worker showing 8-9/10 pain. The utilization review dated 02/19/14 resulted in a denial as no objective data had been submitted confirming the need for the requested evaluation. The injured worker had been weaned off of Norco. Therefore, the requested chromatography exam was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 CHROMATOGRAPHY QUANTITATIVE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction and Substance Abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fischbach ft, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Rests, 8th ed. Philadelphia: Lippincott Williams and Wilkins, and Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The documentation indicates the injured worker complaining of pain at several sites. The note does indicate the injured worker utilizing opioid therapy to address the ongoing complaints of pain. However, the clinical documentation indicates the injured worker had been weaned off of the Norco. Therefore, the medical need for a chromatography exam is not established. Therefore, this request is not indicated as medically necessary.