MAXIMUS Federal Services

Case Number:	CM14-0028709		
Date Assigned:	09/12/2014	Date of Injury:	09/22/2013
Decision Date:	12/11/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal 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 injured worker (IW) is a 35-year-old man with a date of injury of September 22, 2013. The mechanism of injury occurred when the IW was performing his usual and customary duties as a laborer. The IW states that he slipped and fell down a ladder. He attempted to break the fall by reaching with his left arm and holding on to the ladder. In doing so, he struck his left elbow, right side of his body, primarily his right knee, and struck the ground and his right foot. He experienced immediate pain in those areas.Pursuant to a progress note dated September 8, 2014, the IW complains of right ankle pain with pins and needles, weakness and swelling. The pain radiates to his calf. The IW also complains of right knee and left elbow pain. Physical examination revealed swelling to the left elbow noted laterally. Neurovascular examination was normal. Right knee examination revealed positive crepitus, full extension, and flexion at 130 degrees. Right ankle examination revealed swelling medially and laterally. The IW walks with a slight limp. The IW was unable to recall his pain medications. The IW was diagnosed with right ankle sprain; right knee contusion from a twisting injury, no meniscus tear noted; mild left elbow lateral epicondylitis, stable; secondary right foot plantar fasciitis from prolonged immobilization and continued limping; and non-orthopedic complains of sleep disturbance that are outside of expertise. The provider is recommending physical therapy, and anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Office Visit

Decision rationale: Pursuant to the Official Disability Guidelines, internal medicine consultation and treatment is not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. The need for clinical office visit with a healthcare provider is individualized based on a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is based on what medications the injured worker is taking such as opiates and certain antibiotics that require close monitoring. In this case, there is no documentation supporting a need for an internal medicine specialist. There are no symptoms or diagnosis of hypertension, diabetes or abdominal pain or any medical problems. Additionally, there is no documentation of a tried and failed response to any specific medications. The complaints are solely orthopedic in nature and, consequently, an internal medicine consultation is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, internal medicine consultation and treatment is not medically necessary.

Urine toxicology quantitative and confirming testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine toxicology quantitative and confirmatory testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing is typically based on whether the patient is a low risk, intermediate risk or high risk of misuse/addiction. In this case, a September 2014 progress note shows the worker was unable to recall the name of the medication. Further review, showed the injured worker was taking Relafen (a non-steroidal anti-inflammatory drug). There was no documentation in the medical record to support compliance opiate monitoring. There was no documentation in the medical record indicating prior urine drug testing. There was no documentation indicating the injured worker was high risk, intermediate or low risk for misuse/drug abuse. Consequently, urine toxicology quantitative and confirmatory testing is not clinically indicated. Based on the clinical information in the medical record and the peer-

reviewed evidence-based guidelines, urine toxicology quantitative and confirmatory testing is not medically necessary.