

Case Number:	CM14-0030189		
Date Assigned:	06/20/2014	Date of Injury:	04/26/2011
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopaedic Surgery, 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 is a 43-year-old female who was reportedly injured on April 26, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 10, 2014, indicated that there were ongoing complaints of weakness with repetitive use of the right upper extremity. The injured employee is status post a right sided carpal tunnel release, which was stated to have reduced the numbness and tingling in the right hand. There were complaints of tingling in the right upper extremity when the elbows were flexed for long periods of time or resting on a table. The physical examination demonstrated mild tenderness over the volar wrist incision, which was noted to be well healed. Grip strength and hand strength was noted to be 4/5. There were diagnoses of status post carpal tunnel release with residual right upper extremity subjective weakness. Range of motion and gentle exercise with a home exercise program were recommended. A request had been made for urinalysis and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids, ongoing management Page(s): 78 of 127.

Decision rationale: It is unclear from the medical records provided why a urinalysis was requested. The most recent note in the medical record dated January 10, 2014, has no mention of the need for a urinalysis. It is not stated if the injured employee is taking any opioid medications, or if she is if there are any suspected issues of abuse, addiction or poor pain control. Without specific justification, this request for urinalysis is not medically necessary.