MAXIMUS Federal Services

Case Number:	CM14-0080240		
Date Assigned:	07/18/2014	Date of Injury:	01/08/2013
Decision Date:	09/30/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 and 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 records, presented for review, indicate that this 36-year-old male was reportedly injured on January 8, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 16, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated a reduced range of motion and some weakness. Diagnostic imaging studies were not presented. Previous treatment included medications, injection therapy, physical therapy and pain management interventions. A request had been made for toxicology - urine drug screen and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-Urine Drug Screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Criteria for use of opioids, page, 78.

Decision rationale: As noted in the ACOEM guidelines, there are specific parameters before deciding to pursue urine drug screening. Based on the progress notes presented for review, there is no noted drug diversions, intoxication, somnolence, indication of illicit drug use or any other parameter to suspect inappropriate medication utilization. Therefore, based on the limited progress notes presented for review, there is no clear clinical indication for this request.