

Case Number:	CM14-0090185		
Date Assigned:	07/23/2014	Date of Injury:	11/09/2008
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 injured worker is a 63-year-old male who was reportedly injured on 11/9/2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 5/14/2014, indicated that there were ongoing complaints of right hand, right knee, and right shoulder pains. The physical examination demonstrated right hand and decreased muscle strength. There was positive tenderness of the medial joint line in the right knee with one plus crepitus on patellofemoral compression. The patient's range of motion was 0-130. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, and medications. A request was made for urine drug screen and was not certified in the pre-authorization process on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 04/10/2014 - Urine Drug Testing (UDT).

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs, or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the claimant is considered minimal risk for medication misuse. Therefore, this request is not considered medically necessary.