

Case Number:	CM14-0141927		
Date Assigned:	09/10/2014	Date of Injury:	11/06/2013
Decision Date:	01/28/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Practice 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:

47 yr. old male claimant sustained a work injury on 11/6/13 involving the left knee and left leg. He was diagnosed with left knee sprain and medial meniscal tear. The claimant had undergone a knee arthroscopy with medial meniscal resection, synovectomy and chondroplasty in April 2014 and his pain had been managed with opioids including Vicodin. He had received knee injections post-operatively as well. A progress note on 7/17/14 indicated the claimant had continued pain in the left knee. There was swelling in the left leg and she was unable to walk. There was reduced range of motion and a positive Homan's sign as well as paresthesias along the sciatic nerve. A request was made for an ultrasound of the leg and a 2 week follow-up. In addition, a subsequent request was made for a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up in 2 weeks: Overturned

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 Official Disability Guidelines (ODG) Follow-up appointments

Decision rationale: According to the Official Disability Guidelines, follow-ups are to be performed as medically necessary. In this case, the claimant had persistent and abnormal findings on examination that required follow-up. The request is medically necessary.

Random Urine Drug Screen in house: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history, a urine toxicology screen is not medically necessary.