

Case Number:	CM14-0198863		
Date Assigned:	12/09/2014	Date of Injury:	09/07/2010
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/26/2014

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 48-year-old man with a date of injury of September 7, 2010. The mechanism of injury was not documented in the medical record. The current diagnosis is left knee osteoarthritis. The IW underwent total knee arthroplasty April 9, 2014. Pursuant to a progress note dated May 12, 2014, the IW presents status post left total knee arthroplasty on April 9, 2014. He complains of minimal discomfort with ambulating activities. He is currently using a cane. He reports sharp pain on top of his left knee at times. He is currently participating in outpatient physical therapy (PT) and is taking pain medications at night. The current medications were not documented. Examination of the left knee reveals slight swelling and slight effusion. He continued to improve with PT. A new prescription was written for PT. The current request is for retro urine drug screen for the left knee done 3/10/14, 5/3/14, 7/8/14, and 9/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen for The Left Knee Done 5-3-14: 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), UDS

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 drug screen testing performed May 3, 2014 is not medically necessary. Urine drug testing (UDT) is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered a version of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of UDT is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. For additional details see the Official Disability Guidelines. In this case, the bulk of the medical records predate 2013. There are two brief progress notes to record one dated April 7, 2014 and the second dated May 12, 2014. There is no discussion in the medical record as to whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. There are multiple utilization reviews in the body of the medical record addressing urine drug screen testing. However, there is no documentation in the medical record to support frequent urine drug testing or any drug testing absent clinical indications. Additionally, medications are not listed in the record. Consequently, absent clinical indications for urine drug testing or any additional information in the medical record regarding excess of opiate use, urine drug testing performed May 3, 2014 is not medically necessary.

Urine Drug Screen for The Left Knee Done 9-5-14: 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 drug screen testing performed September 5, 2014 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 a version of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency UDT is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. For additional details see the Official Disability Guidelines. In this case, the bulk of the medical records predate 2013. There are two brief progress note to record one dated April 7, 2014 and the second dated May 12, 2014. There is no discussion in the medical record as to whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. There are multiple utilization reviews in the body of the medical record addressing urine drug screen testing. However, there is no documentation in the medical record to support frequent urine drug testing absent clinical indications. Additionally, medications are not listed in the record. Consequently, absent clinical indications for urine drug testing or any additional information in the medical record regarding excess of opiate use, urine drug testing performed September 5, 2014 is not medically necessary

