

Case Number:	CM14-0209225		
Date Assigned:	12/22/2014	Date of Injury:	02/07/2013
Decision Date:	03/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32-year-old female with a date of injury 02/07/2013. The mechanism of injury was not provided. The diagnosis is sprain and strain of unspecified site of knee and leg. Past treatments were not included. Diagnostic studies were not provided. According to documentation, a meniscectomy procedure was performed 01/19/2013. The injured worker presented on 10/29/2014, with complaints her left knee popped, and complained of swelling. Physical examination showed tenderness along the median lateral joint. Medications were not provided or indicated. The treatment plan was illegible. The request was for a urine drug screen, and the rationale was not provided. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, provided on October 29, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The injured worker is a 32-year-old female with a date of injury 02/07/2013. The mechanism of injury was not provided. The diagnosis is sprain and strain of unspecified site of knee and leg. Past treatments were not included. Diagnostic studies were not provided. According to documentation, a meniscectomy procedure was performed 01/19/2013. The injured worker presented on 10/29/2014, with complaints her left knee popped, and complained of swelling. Physical examination showed tenderness along the median lateral joint. Medications were not provided or indicated. The treatment plan was illegible. The request was for a urine drug screen, and the rationale was not provided. The Request for Authorization form was not included.