

Case Number:	CM14-0209654		
Date Assigned:	12/22/2014	Date of Injury:	07/27/2013
Decision Date:	02/13/2015	UR Denial Date:	11/12/2014
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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old male with a 7/27/13 date of injury. At the time (9/10/14) of the request for authorization for 1 computerized range of motion and muscle testing and urine drug screen, there is documentation of subjective (pain in his neck, back, and knee that is mild to moderate in severity) and objective (focal tenderness at the C5-6 and C6-7 bilaterally, decreased range of motion with paraspinous muscle spasms noted, flattening of the lumbar spine, tenderness over the L4-5 and L5-S1 bilaterally, decreased range of motion, generalized peripatellar tenderness and over the medial and lateral joint lines of the patella) findings, current diagnoses (status post right knee arthroscopy, right knee pain, right lower extremity neuropathy, cervical spine sprain/strain with myospasms, peripheral neuropathy, recurrent tear of the medial meniscus, osteoarthritis of the right knee, ganglion cyst of the right knee, patellar chondromalacia of the right knee, cervical spine multi-level disc protrusions, cervical spine degenerative discogenic spondylosis, and cervical spine disc desiccation), and treatment to date (medication including ongoing use of opioids). Medical reports identify urine drug screen was performed on 7/14/14. Regarding urine drug screen, there is no documentation that the patient is at "moderate risk" of addiction & misuse or at "high risk" of adverse outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Computerized Range of Motion and Muscle Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Computerized muscle testing.

Decision rationale: MTUS does not address the issue. ODG identifies computerized muscle testing is not recommended and that there are no studies to support computerized strength testing of the extremities. Therefore, based on guidelines and a review of the evidence, the request for 1 computerized range of motion and muscle testing is not medically necessary.

Urine Drug Screen: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of status post right knee arthroscopy, right knee pain, right lower extremity neuropathy, cervical spine sprain/strain with myospasms, peripheral neuropathy, recurrent tear of the medial meniscus, osteoarthritis of the right knee, ganglion cyst of the right knee, patellar chondromalacia of the right knee, cervical spine multi-level disc protrusions, cervical spine degenerative discogenic spondylosis, and cervical spine disc desiccation. In addition, there is documentation of a urine drug screen having been performed recently and on-going opioid treatment. However, there is no documentation that the patient is at "moderate risk" of addiction & misuse or at "high risk" of adverse outcomes. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.