

Case Number:	CM15-0000534		
Date Assigned:	01/12/2015	Date of Injury:	09/28/2012
Decision Date:	03/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	01/02/2015

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

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 63 year old female, who sustained an industrial injury on 9/28/2012. The diagnoses have included large, medial meniscus tear of the left knee and depressive disorder with anxiety. Past medical history includes hypertension, diabetes mellitus and a cerebrovascular accident in 2013. Treatment to date has included physical therapy, medications, injections, bracing and arthroscopic surgery. Per the orthopedic report from 11/13/2014, the injured worker was doing poorly with locking and catching of her left knee. Physical exam revealed the injured worker to be in marked distress. She had medial joint line tenderness about her left knee with a positive McMurray's sign. Magnetic resonance imaging (MRI) of the left knee showed a large, medial meniscus tear. The physician's plan was to proceed with diagnostic and operative arthroscopy of the left knee with meniscus repair. The injured worker was given prescriptions for topical pain medications and also for Ambien 5mg. Authorization was requested for a urine toxicology screen to check the efficacy of the prescribed medications. On 11/26/2014, Utilization Review (UR) non-certified a request for a urine toxicology screen, noting that there was no evidence that the injured worker had a history of taking illegal drugs or potent high dose opioids. UR also noted that a urine drug screen had been authorized in 10/2014; this report was not specified in the records provided. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain chapter, Urine drug testing

Decision rationale: This patient presents with left knee medial meniscus tear. The request is for urine toxicology screen on 11/21/14. The patient is on temporary partial disability status per 09/29/14 report.