

Case Number:	CM15-0101083		
Date Assigned:	06/03/2015	Date of Injury:	04/29/2013
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pennsylvania, Ohio, 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 32-year-old male, who sustained an industrial injury on 04/29/2013. He reported a crush injury to his left index finger when it became caught in a machine. The injured worker is currently off work. The injured worker is currently diagnosed as having left carpal sprain/strain, left carpal tunnel syndrome, left wrist pain, status post left index finger partial amputation, loss of sleep, sleep disturbance, anxiety, depression, irritability, nervousness, elevated blood pressure, and hypertension. Treatment and diagnostics to date has included physical therapy, staged surgical procedure to partially amputated finger, electro diagnostic studies which showed carpal tunnel syndrome, and medications. In a progress note dated 04/02/2015, the injured worker presented with complaints of left wrist pain, loss of sleep, and depression, anxiety, and irritability. Objective findings include decreased median nerve sensation in hand with painful range of motion. The treating physician reported requesting authorization for urine screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS recommends urine drug testing as a treatment option to detect the use or presence of illegal drugs. This patient does have a history of at least one in consist urine drug screen in 2013, which demonstrated unprescribed opioids. However, the rationale for the current drug-testing request is not apparent. Without additional supported clinical reasoning, it is not possible to support an indication for this treatment at this time. This request is not medically necessary.