

<b>Case Number:</b>	CM15-0134904		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 74 year old male who sustained an industrial injury on 8/13/13 from cumulative type injuries while working as a forklift operator involving the neck, shoulders, wrists, low back, knees and ankles. He currently complains of constant, burning, radicular neck pain and muscle spasms with a pain level of 4/10; constant, burning bilateral shoulder pain radiating down the arms to the fingers associated with muscle spasms (3-4/10); constant, burning bilateral wrist pain with muscle spasms (3-4/10); constant, burning, radicular low back pain and muscle spasms with numbness and tingling of bilateral lower extremities (3-4/10); burning bilateral knee pain and muscle spasms (4/10); burning, bilateral ankle pain and muscle spasms (4/10). On physical exam of the cervical spine there was tenderness to palpation at the suboccipital region over the trapezius and scalene muscles with decreased range of motion; bilateral shoulders show tenderness at the deltoid-pectoral groove and at the insertion of the supraspinatus muscle with decreased range of motion; bilateral wrist exam shows tenderness to palpation over the carpal bones; the lumbar spine exam shows tenderness at the lumbar paraspinal muscles and lumbosacral junction with decreased range of motion; bilateral knees show tenderness to palpation over the medial and lateral joint line; bilateral ankles show tenderness to palpation over the medial and lateral malleolus. He uses a cane for ambulation. Medications were deprezine, dicopanol, famatrex, Synapryn, tabradol, cyclobenzaprine, Ketoprofen cream. Diagnoses include diabetes; insomnia; depression; anxiety; cervical spine herniated nucleus pulposus; cervical radiculopathy; bilateral shoulder internal derangement; bilateral wrist sprain/ strain; bilateral wrist tenosynovitis; lumbar spine herniated nucleus

pulposus; lumbar radiculopathy; bilateral knee internal derangement; bilateral ankle sprain/strain. Treatments to date include medications which offer temporary relief and provide a restful sleep; acupuncture; physical therapy; shockwave therapy. On 6/22/15, the treating provider requested a urine dipstick.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine dipstick:** 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), diabetes <http://www.ncbi.nlm.nih.gov/pubmed/15729608>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Swiss Med Wkly 2005 Jan. 135(3-4): 57-61.

**Decision rationale:** Guidelines do not recommend standard urine dipstick in patients with newly diagnosed hypertension due to low sensitivity. In this case, there is insufficient information provided to justify the urine dipstick as there is no explanation regarding the past history for treating diabetes and hypertension. The request for urinalysis is not medically appropriate and necessary.