

Case Number:	CM15-0136149		
Date Assigned:	07/30/2015	Date of Injury:	09/12/2014
Decision Date:	08/27/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/14/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 9-12-14 Initial complaints were not reviewed. The injured worker was diagnosed as having joint pain-ankle; fracture lower extremities lower leg. Treatment to date has included status post open reduction internal fixation left tibia-fibula (9-13-14); status post left knee and left shin surgery (4-13-14); chiropractic therapy; physical therapy; urine drug screening; medications. Diagnostics studies included MRI of left ankle (6-16-15). Currently, the PR-2 notes dated 5-18-15 indicated the injured worker was in the office for a re-evaluation. He complains of constant left knee pain rated at 6/10. He reports the pain radiates to his shin and describes it as burning, stabbing, weakness, and stiffness sensation. He also reports tension and the pain increases when putting pressure and decreases when sitting down and no pressure. The left foot and ankle is constant pain rated at 6/10 with no radiation of pain. He reports the pain as achy, stiffness and deep sensation with swelling. The pain increases when resting the foot, decreases when no pressure. The injured worker complains of sleep disorder, anxiety and stress and tension secondary to pain and financial problems. He states the pain is well controlled with medications and therapy and acupuncture help decrease the pain. He has an antalgic gait, moves cautiously and without the aid of any assistive devices. Physical examination notes a well-healed scar at the patella with range of motion left knee flexion 120 degrees and extension 5 degrees; strength 2+over 5. The left ankle-foot indicates tenderness to palpation of the shin and medial and lateral ankle. Toe ranges of motion are full with pain at end ranges. There is normal capillary refill. He is a status post-open reduction internal fixation left tibia-fibula (9-13-14); status post left knee and left shin

surgery (4-13-14). The provider is requesting authorization of retrospective drug screening for date of service 4-20-15 and retrospective range of motion and muscle strength testing date of service 5-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen (DOS: 4.20.15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen Page(s): 89.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, the need for screening cannot be substantiated at this time and is therefore not medically necessary.

Retro range of motion and muscle strength testing (DOS: 5.18.15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-37.

Decision rationale: It is unclear as to why range of motion and strength testing is being requested, as both should be normal parts of physical exam. Nothing as specific as a functional capacity evaluation appears to be requested, and no specific job description or position information regarding employment is provided to substantiate the need for functional capacity evaluation has been provided. Per the MTUS guidelines, a functional capacity evaluation is most useful when there is a specific job description or position that is identified and the case warrants further analysis regarding work capacity. Functional capacity evaluation is useful to translate medical impairment into functional limitations in the determination of work capability. With no supporting documents to indicate details that warrant such an evaluation, the request is not medically necessary at this time.