MAXIMUS Federal Services

Case Number:	CM15-0144561		
Date Assigned:	08/05/2015	Date of Injury:	05/21/2014
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 5-21-14. The injured worker has complaints of right knee pain. The documentation noted tenderness to palpation present over the medial and lateral joint lines and patellar tendinitis. The diagnoses have included right knee sprain and strain; patellar tendinitis and arthroscopy. Treatment to date has included magnetic resonance imaging (MRI) of the right knee in July 2014; right knee surgery on November 13, 2014; right knee magnetic resonance imaging (MRI) on June 12, 2015 showed moderate chondral thinning within the medial compartment and mild to moderate chondral thinning within the patellorfemoral compartment, postoperative changes of the medial meniscus. The request was for magnetic resonance arthrogram of right knee and random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine screen Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

MR arthrogram of right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MR arthrogram - Knee chapter and pg 47.

Decision rationale: According to the guidelines, MR arthrogram is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, the claimant did have a prior meniscal injury and subsequent surgery. A recent post-operative MRI showed subchondral thinning. The claimant had persistent pain. The request for an MR arthrogram is medically necessary to help assess any residual issues in the post-operative setting.