

Case Number:	CM15-0026128		
Date Assigned:	02/18/2015	Date of Injury:	09/02/2014
Decision Date:	04/22/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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:

This 42 year old woman sustained an industrial injury on 9/2/2014 to her hands and wrists when she reached for a box and opened it. Current diagnoses include bilateral upper extremity tendonitis, bilateral shoulder mild impingement, right fifth finger PIP joint sprain, and possible bilateral hand carpal tunnel syndrome. Treatment has included oral medications. Physician notes dated 12/15/2014 show current complaints of pain to the right wrist, hand, and fifth digit that is rated 8/10. Recommendations include EMG/NCV of the bilateral upper extremities, 12 sessions of physical therapy to the right hand, and follow up in six weeks. There is also a note that a urine drug screen was performed on this visit. On 1/19/2015, Utilization Review evaluated a prescription for a urine toxicology screen, that was submitted on 2/9/2015. The UR physician noted the documentation did not document results from previous screens, dates of the previous screens, or concern for misuse or abuse. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

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 Drug Testing.

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

Decision rationale: Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records there is no documentation of abuse or missue. The requested treatment is not medically necessary.