

<b>Case Number:</b>	CM15-0027169		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 44 year old male with an industrial injury dated 06/21/2016. His diagnosis includes status post right knee arthroscopy, right fifth metatarsal fracture and early post traumatic right foot arthritis. Treatment to date includes right knee arthroscopy, physical therapy and medications. He presents on 12/22/2014 with complaints of difficulties with his right foot. Physical exam revealed tenderness in the mid foot without swelling. On 01/05/2014 there is a request for authorization for a urinalysis. The report dated 12/22/2014 is the most recent date prior to the request for authorization. The urinalysis is not mentioned in the 12/22/2014 report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Guidelines state that the clinician acts as the primary case manager and adheres to evidence based treatment. In this case, the patient has a right ankle traumatic arthropathy and there is a request for a urinalysis, which checks for blood, sugar, pH, protein, etc in the urine. However, there is no medical evaluation or rationale in the clinical documents, which supports this request. The request for urinalysis is not medically necessary and appropriate.