

Case Number:	CM15-0031328		
Date Assigned:	02/24/2015	Date of Injury:	03/31/2009
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old male, who sustained an industrial injury on 3/31/2009. He reports a fall, injuring the left femur and left knee. Diagnoses include status post closed reduction and intramedullary nailing of the femur and left knee arthroscopy with partial lateral meniscectomy. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 12/15/2014 indicates the injured worker reported bilateral shoulder, wrists, hands and elbow pain and low back pain. On 1/26/2015, Utilization Review non-certified the request for chromatography, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urine Drug Screen ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 54 year old male has complained of left leg pain, left knee pain, low back pain, shoulder and elbow pain since date of injury 3/31/09. He has been treated with left femur surgery, left knee surgery, physical therapy and medications. The current request is for chromatography, urine. No treating physician reports adequately address the specific indications for urinalysis screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.