

Case Number:	CM15-0049374		
Date Assigned:	04/16/2015	Date of Injury:	06/14/2014
Decision Date:	05/11/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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 26 year old male who sustained an industrial injury on 6/14/14. He has reported a left forearm injury after using a grinder and the grinder snapped and a large piece of metal hit his left forearm. The diagnoses have included severe left forearm laceration status post -surgery repair rule out left upper extremity neuropathy. Treatment to date has included medications, diagnostics, surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 1/29/15, the injured worker complains of constant sharp, burning sensation and pain in the forearm over the area of scarring and radiating up and down the left arm with tingling at times to the lower forearm and hand. The objective findings revealed healed keloid scar at the mid left forearm, tenderness surrounding the area of scarring and pain of the left forearm with forceful gripping. There were no documented medications. Work status was to return to modified duty on 1/29/15. The physician requested treatments included a Urine drug screen and Functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: This 26 year old male has complained of left forearm pain since date of injury 6/14/14. He has been treated with surgery, physical therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology 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.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 274-276.

Decision rationale: This 26 year old male has complained of left forearm pain since date of injury 6/14/14. He has been treated with surgery, physical therapy and medications. The current request is for functional capacity evaluation. Per the MTUS guidelines cited above, a functional capacity evaluation is not recommended in the treatment of forearm, wrist and hand complaints. Further, there is no provider documentation discussing the rationale for the medical necessity of a functional capacity evaluation. On the basis of this lack of documentation and per the ACOEM guidelines cited above, a functional capacity evaluation is not indicated as medically necessary.