MAXIMUS Federal Services

Case Number:	CM15-0062182		
Date Assigned:	04/08/2015	Date of Injury:	03/12/2014
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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: 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 52-year-old female, with a reported date of injury of 03/12/2014. The diagnoses include left foot pain, patellofemoral malalignment of the left knee, chronic instability of the left ankle, status post metatarsal fracture, and fracture of the fifth metatarsal of the left foot. Treatments to date have included acupuncture, x-rays of the left knee, x-rays of the left foot, oral medications, physical therapy, and an MRI of the left ankle. The initial orthopedic evaluation report dated 03/09/2015 indicates that the injured worker complained of left knee, left foot, and left ankle pain. There was also a history of left hip pain. It was noted that past acupuncture treatments "greatly helped" the injured worker, and she wished to receive additional acupuncture treatment. The physical examination showed a left antalgic gait, moderate intra-articular effusion of the left knee, a neutral alignment to the left knee, pain to palpation over the left medial joint line of the knee, full left knee range of motion, intact sensation of the left knee, tenderness over the left lateral malleolus, full left ankle and foot range of motion, and intact sensation in the left foot and ankle. Urine Drug Screen dated 11/18/14 was appropriate. The treating physician requested a urine toxicology screen to check the effectiveness of the prescribed medications and acupuncture for the left knee/ankle/foot.

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 Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. Patient had a recent UDS from 11/18/14. Pt is only noted to be on tramadol which is low risk for abuse. There is no indication for another urine drug screen on a patient with low risk for abuse. Urine Drug Screen is not medically necessary.

Acupuncture, 2 times a week for 6 weeks, Left Knee/Ankle/Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture guidelines, additional acupuncture may be recommended after a successful trial with documentation of objective functional improvement. Patient had 6 prior acupuncture sessions which reportedly "helped greatly". However, no objective documentation of how it helped or any objective in pain or functional improvement was provided. The failure to document objective benefit does not meet criteria for additional acupuncture sessions. Therefore the request is not medically necessary.