

Case Number:	CM14-0214093		
Date Assigned:	12/31/2014	Date of Injury:	03/31/2011
Decision Date:	02/25/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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 Jersey, New York
 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:

The injured worker is a 46 year-old male who was injured on 3/31/11 by unknown mechanism. He complains of pain in the plantar aspect of the left calcaneus and left ankle. He was diagnosed with tear of lateral meniscus, tibialis posterior dysfunction, pain in joint of ankle and foot, lumbar sprain/strain, bilateral severe pes planovalgus deformity, left ankle pain. He had a steroid injection into his left ankle. In this limited chart, the current request is for a urinalysis which was denied by utilization review on 12/8/14.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request for a urinalysis is considered not medically necessary. It is unclear what medications the patient is on. There is no documentation of chronic narcotics or

other controlled substances that would require frequent urinalysis. For narcotics, UDS is appropriate to monitor the 4 A's of opioid monitoring. This includes the monitoring for aberrant drug use and behavior. It is also unclear if the urinalysis was ordered for toxicology or to evaluate for other conditions. Therefore, the request is considered not medically necessary.