

<b>Case Number:</b>	CM15-0113896		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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

Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on April 18, 2014. She reported right wrist pain, decreased range of motion and a popping sensation in the right wrist. The injured worker was diagnosed as having status post right wrist surgery on March 12, 2015, right wrist triangular fibrocartilage complex (TFCC) tear, pain in the forearm, articular cartilage disorder of the forearm, wrist pain and ulnar impaction syndrome. Treatment to date has included radiographic imaging, diagnostic studies, cortisone injections to the right wrist, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued right wrist pain and decreased range of motion. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 13, 2015, revealed continued pain as noted with decreased popping sensation since the last injection to the right wrist. It was noted she failed non-surgical options and right wrist arthroscopy versus ulnar shortening was recommended. Evaluation on May 19, 2015, revealed the injured worker was improving and was able to perform additional activities of daily living compared to previous evaluations. A retrospective urinary drug screen for April 23, 2015, was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective clinical laboratory urine drug screening (4/23/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Testing.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, this was not found to be medically necessary. There was no specific indication for the requested urine test. There was no documentation provided of the claimant's medical regimen to determine the need for a urine drug screen. Medical necessity for the requested test was not established. The requested test is not medically necessary.