

Case Number:	CM15-0179169		
Date Assigned:	10/12/2015	Date of Injury:	07/28/2014
Decision Date:	11/24/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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, North Carolina
 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 44 year old male, who sustained an industrial injury on 7-28-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain with myofascitis, thoracic spine and lumbar spine sprain-strain with myofascitis, left index finger status post laceration, and left eye pain with history of trauma and decreased vision. On 7-16-2015, the injured worker reported frequent cervical spine, thoracic spine, and lumbar spine pain rated 6 out of 10, left index finger pain rated 6 out of 10, and left eye pain rated 7 out of 10. The Primary Treating Physician's report dated 7-16-2015, noted the injured worker's pain improved with medication and therapy. The Physician noted a positive urine drug screen (UDS) with the injured worker admitting to use of crystal meth, reporting taking it only 1-2 times. The injured worker's current medications were not documented. The physical examination was noted to show the cervical spine with bilateral paraspinals, suboccipital, and upper trapezius tenderness, the thoracic spine with bilateral paraspinal tenderness, and the lumbar spine with bilateral paraspinals tenderness and decreased range of motion (ROM). The physical examination did not include documentation of examination of the left index finger. Prior treatments have included debridement and repair of the left index finger extensor tendon 7-28-2014, splinting, Functional Capacity Evaluation (FCE), at least 2 sessions of physical therapy, and medications including Tylenol, Motrin, Norco, Cyclobenzaprine, Nabumetone, topical creams, and Xanax. The treatment plan was noted to include requests for cervical, thoracic, and lumbar spine MRIs, electromyography (EMG)-nerve conduction velocity (NCV) of the upper extremity to rule out carpal tunnel syndrome and lower extremity to rule out radiculopathy, an ophthalmology consult, physical therapy, autonomic nervous system

evaluation, a urinalysis performed, and functional improvement measurements. A urine drug screen (UDS) dated 6-24-2015, was noted to be inconsistent, positive for methamphetamine and amphetamine. The request for authorization dated 7-16-2015, requested eight sessions of physical therapy for the left index finger, one functional improvement measure of the left index finger, and a retrospective urine drug test (DOS- 7/16/2015). The Utilization Review (UR) dated 8-18- 2015, conditionally non-certified the request for eight sessions of physical therapy for the left index finger, and non-certified the requests for one functional improvement measure of the left index finger, and a retrospective urine drug test. (DOS- 7/16/2015)

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug test (DOS- 7/16/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: CA MTUS Guidelines recommend drug testing as an option to assess for the use or presence of illegal drugs. In regard to opioids, urine drug testing (UDS) is only appropriate for patients who are going to start opioid therapy and require screening for abuse prior to initiation or who are on opioids and require screening for compliance and indication of abuse. In this case, the patient is not taking opioids, so UDS is not necessary. A previous UDS was positive for amphetamines, an illicit drug, however since the patient is not taking opioids, an additional UDS is not medically necessary or appropriate.

One functional improvement measure of the left index finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand (acute and chronic).

Decision rationale: CA MTUS Guidelines do not specifically address functional improvement measures for the fingers, so ODG was referenced. The request for a functional improvement measure of the left index finger following a partial extensor tendon laceration is not appropriate. A baseline evaluation of the finger was performed on 6/29/2015. At this point, the functional improvement measure is being used as a form of outcome measure. This use is unnecessary to guide treatment and is inconsistent with guidelines. Therefore, the request is not medically necessary or appropriate.