

<b>Case Number:</b>	CM15-0067490		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic knee and wrist pain with derivative complaints of anxiety, psychological stress, and depression reportedly associated with an industrial injury of December 20, 2012. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for knee MRI imaging and urine drug testing. An RFA form received on March 24, 2015 and a progress note of March 5, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of knee and wrist pain, highly variable, 8/10. The applicant stated that his knee was popping and clicking occasionally. Panic attacks, isolation, and sleep disturbance were reported, along with an eating disorder. The applicant exhibited a surgical scar about the wrist. A positive McMurray maneuver was noted about the left knee. X-rays of the knee demonstrated moderate medial joint space narrowing. The applicant was given diagnoses of posttraumatic stress disorder, knee arthritis, knee ACL tear, knee meniscal tear, and wrist bite wound. MRI imaging of the knee, a psychiatry consultation, and urine toxicology testing were endorsed while the applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant might benefit from a knee arthroscopy and partial medial meniscectomy, if MRI imaging was positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**Decision rationale:** Yes, the proposed MRI imaging of the knee was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335, MRI imaging can be employed to confirm a diagnosis of meniscal tear but it is indicated only if surgery is being contemplated. Here, the requesting provider did seemingly state that he was intent on acting on the results of the proposed knee MRI. The requesting provider did state that he would consider moving forward with an arthroscopic meniscectomy procedure if the results of the knee MRI were sufficiently positive. The applicant did have symptoms of knee giving way, locking, clicking, popping, etc., all suggestive of a meniscal pathology. Moving forward with knee MRI imaging was, thus, indicated. Therefore, the request was medically necessary.

**Urine Toxicology Screen - DOS 3/5/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Conversely, the request for urine toxicology screening or urine drug testing was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, also notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, notes that an attending provider should clearly identify when an applicant was last tested, and also suggests that an attending provider attempt to categorize the applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. In this case, however, it was not clearly stated when the applicant was last tested. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation, nor signaled his intention to eschew confirmatory and/or quantitative testing. It was not clearly established when the applicant was last tested. There was no mention of the applicant's being a higher-or lower-risk individual for whom more or less

frequent drug testing would have been indicated. Therefore, the request was not medically necessary.