MAXIMUS Federal Services

Case Number:	CM15-0071305		
Date Assigned:	04/21/2015	Date of Injury:	10/27/2011
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 49 year old female patient who sustained an industrial injury on 10/27/2011. Diagnostic testing to include: magnetic resonance imaging, nerve conduction study, A primary treating office visit dated 03/20/2015 reported subjective complaints of right knee pain, low back pain, thoracic pain, and right shoulder pain. The patient reports using Hydrocodone, Tramadol ER in increased amounts covering increased pain levels in order to be able to perform activities of daily living. In addition, she found Flexeril helpful with spasms. She is diagnosed with moderate to severe osteoarthritis, right knee; status post remote right knee arthroscopy; right shoulder chronic impingement syndrome; and right lumbar radiculopathy per nerve conduction study. The plan of care involved: continue with recommendation for right total knee arthroscopy; continue with recommendation for a magnetic resonance imaging; continue recommending nerve conductions study, and follow up visit. A primary treating office visit dated 09/10/2014 reported subjective complaints of right knee pain, right shoulder pain, and low back pain right side greater than left. The patient reports a heightened function with medication at current prescription. There is no change in diagnoses. The plan of care remained the same continuing with recommendation for magnetic resonance imaging, surgical intervention of right knee, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 10/22/14) Urine Drug Screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug screen Page(s): 43.

Decision rationale: Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen, or to diagnose misuse, addiction. According to the medical records there is no documentation of any of the above and previous drug screens were positive. Therefore not medically necessary.