

Case Number:	CM15-0076690		
Date Assigned:	04/28/2015	Date of Injury:	03/06/2011
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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: Arizona, 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 53-year-old female who sustained an industrial injury on 3/6/11. The injured worker reported symptoms in the bilateral knees and hips. The injured worker was diagnosed as having left total hip replacement with pain, right knee pain secondary to compensator factors, right hip pain secondary to compensator factors, catastrophic failure of the left total knee replacement. Treatments to date have included status post left total knee replacement, oral pain medication, activity modification, nonsteroidal anti-inflammatory drugs, and soft boot. Currently, the injured worker complains of pain in the bilateral knees and hips. The plan of care was for urine toxicology screen and medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: 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 Treatment Guidelines opioids and urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. Prior urine drug screen results that indicated compliance, no substance abuse nor other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.