

Case Number:	CM15-0079571		
Date Assigned:	04/30/2015	Date of Injury:	11/12/2014
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/25/2015

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: Emergency 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:

This 22 year old man sustained an industrial injury on 11/12/2014. The mechanism of injury is not detailed. Evaluations include electrodiagnostic testing that is undated. Diagnoses include chronic strain of the bilateral wrists, rule out bilateral carpal tunnel syndrome, bilateral knee and leg pain, chronic bilateral ankle strain, and rule out rheumatological condition. Treatment has included oral medications, rest, and physical therapy. Physician notes dated 3/9/2015 show complaints of bilateral wrist, arm, finger, knee, and lower extremity pain rated 6-7/10 and down to 2/10 with medications. Recommendations include rheumatology consultation, continue physical therapy, Kera-Tek gel, and follow up in three to four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Rheumatologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Consultation with Rheumatologist, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has bilateral wrist, arm, finger, knee, and lower extremity pain rated 6-7/10 and down to 2/10 with medications. The treating physician did not adequately document the medical necessity for this consult, including results of initial lab and radiographic diagnostics, nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Consultation with Rheumatologist is not medically necessary.

Urine Toxicology Screen: Upheld

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

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

Decision rationale: The requested Urine Toxicology Screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has bilateral wrist, arm, finger, knee, and lower extremity pain rated 6-7/10 and down to 2/10 with medications. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Toxicology Screen is not medically necessary.