

Case Number:	CM15-0107846		
Date Assigned:	06/12/2015	Date of Injury:	05/13/2014
Decision Date:	10/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/03/2015

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:

This injured worker is a 65 year old female who reported an industrial injury on 5-13-2014. Her diagnoses, and or impressions, were noted to include: left knee sprain-strain and internal derangement; and chest wall strain with chest pain. A recent toxicology screening was noted on 2-25-2015; no current imaging studies were noted. Her treatments were noted to include: an agreed medical examination on 2-18-2015; a sudoscan-sudomotor functional assessment diagnostic evaluation, and cardio-respiratory diagnostic testing on 2-5-2015; acupuncture treatments; physical therapy; pool therapy for the left knee; and medication management with toxicology screenings. The progress notes of 4-1-2015 reported complaints of left knee pain, rated 5-6 out of 10 on medication, with stiffness, heaviness and weakness, associated with activities, and relieved by medication and rest; and of 5 out of 10, sharp chest pain and weakness, associated with prolonged or repetitive activity or repetitive climbing stairs, and was relieved by rest. Objective findings were noted to include: decreased deep tendon reflexes in the left lower extremity; tenderness to the left medial knee that was with decreased range-of-motion; tenderness and muscle spasms of the anterior, medial and posterior knee; and positive McMurray's test; and that she refused medications. The physician's requests for treatments were noted to include a urinalysis from that visit, 4-1-015, for medication management purposes in confirming adherence to prescribed medications. No progress notes for the specific request of range-of-motion testing 1 x a month, were noted in the medical records provided; neither was The Request for Authorization for urine toxicology screen with specimen collection and handling on 4-1-2015; and range-of-motion testing 1 x a month. The Utilization Review of 5-11-2015

non-certified the request for urine toxicology screen with specimen collection and handling on 4-1-2015; and range-of-motion testing 1 x a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine toxicology screen including specimen collection and handling (4/1/15):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

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's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The claimant has had several prior tests in the prior months. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Range of motion testing 1 time a month per doctor's visit, (total number unspecified):
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), Low back, flexibility.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Follow-up Visits.

Decision rationale: In this case, the claimant sees the physician monthly. The range of motion is noted on the exam. There is no indication that the testing is needed monthly and the claimants range has been within a few degrees for several months. The amount of visits were not specified and therefore the request is not medically necessary.