

Case Number:	CM13-0049443		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2001
Decision Date:	01/26/2015	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old female with the date of injury of 03/05/2001. The listed diagnoses from 10/09/2013 are: 1. Severe pathology of the knee with grade II/grade III chondromalacia of the medial femoral condyle 2. Grade 2/grade III chondromalacia of the patella and synovitis 3. Status post arthroscopic shaving and debridement of the medial femoral condyle with shaving and debridement of the patella, with a partial anterior synovectomy, February 8, 2008 According to this report, the patient complains of deep aching pain and discomfort in the knee. The patient underwent an injection four months ago, which worked well lessening her pain. Examination of the knee shows palpable crepitus. She walks with an abnormal gait, slightly crouched forward. There is slight effusion. Pain and tenderness is noted. She cannot squat down. Treatment reports from 06/13/2013 to 10/15/2013 were provided for review. The utilization review denied the request on 10/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panel Urine Drug Screen: Overturned

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 Official Disability Guidelines (ODG) Pain chapter, Urine drug testing (UDS).

Decision rationale: This patient presents with knee pain. The patient is status post arthroscopic surgery from February 8, 2008. The treater is requesting a 12 Panel Urine Drug Screen. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The urine drug screens from 06/13/2013 and 10/09/2013 showed inconsistent results with prescribed medications. The UDS report from 10/15/2013 appears to be requesting authorization for the UDS performed on 10/09/2013. In this case, while the treater does not discuss the patient's "risk assessment," ODG guidelines recommends once yearly urine drug screen and a follow up within the first six months for a total of two per year. Given that the request is within ODG guidelines, the request is medically necessary.