

Case Number:	CM13-0017347		
Date Assigned:	03/26/2014	Date of Injury:	09/02/2012
Decision Date:	06/30/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/28/2013

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 Orthopedic Surgeon and is licensed to practice in California and Iowa. 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 40 year old male who reported an injury to his right upper extremity on 12/03/12 when he was participating in an arrest and control training process. The clinical note dated 03/07/13 indicates the patient had been sitting in his patrol car when he reached over to grab a notebook and felt a sudden pain in his right elbow. A 2nd injury occurred on 12/03/12 when the patient was on an arrest and control and tactics training session and he twisted a partner's arm and felt a sharp pain in his right elbow. The patient described the pain as an electric shock in his entire right arm. The patient has undergone a course of physical therapy to address the right elbow pain. The patient reported continued popping at the right elbow. The clinical note dated 04/18/13 indicates the patient continuing with right shoulder, elbow, and wrist pain. Upon exam, pain was elicited upon pronation and supination of the right elbow. Tenderness was also identified at the medial epicondylar region. The patient lacked 5 degrees of extension at that time. The patient was recommended for physical therapy at that time. The clinical note dated 04/26/13 indicates the patient continuing with persistent right shoulder and right elbow pain. The patient had been recommended for acupuncture treatments at that time. The clinical note dated 05/06/13 indicates the patient complaining of tenderness at the anterior bicipital groove. The clinical note dated 05/16/13 indicates the patient continuing to report clicking and popping at the right shoulder and elbow. The patient stated that his strength in the right upper extremity was improved. The patient was identified as having undergone a urine specimen to monitor medication use. The clinical note dated 06/13/13 indicates the patient continuing with epicondylitis at the right elbow. Radiographs of the right shoulder revealed an acromioclavicular inferior spur. The agreed medical examination on 09/05/13 indicates the patient having a significant past medical history involving the right shoulder in 2007 which resulted in an arthroscopic surgery. The patient also underwent therapy; however, the patient never did regain

full range of motion or strength. The patient reported ongoing intermittent pain at the right elbow as well as a sharp pain at the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY EXAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug Testing.

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

Decision rationale: The documentation indicates the patient having a long history of right upper extremity pain. A toxicology exam would be indicated provided the patient meets specific criteria to include the patient identified as being a risk for drug misuse, significant aberrant behavior identified on exam, or the patient identified as having utilized illegal drugs. No information was submitted regarding the patient's aberrant behavior. No information was submitted regarding the patient's potential for drug misuse, aberrant behavior or the use of illegal drugs. Given these findings, this request is not indicated as medically necessary.