

Case Number:	CM13-0025383		
Date Assigned:	12/18/2013	Date of Injury:	11/18/2012
Decision Date:	08/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	09/17/2013

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma 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 injured worker is a 65-year-old male who reported an injury on 11/18/2012. The mechanism of injury was noted to be pulling a pallet. His prior treatments included surgery, physical therapy, and medications. The injured worker's diagnosis included left shoulder impingement, left shoulder AC arthrosis, left shoulder rotator cuff tear and left shoulder labral fraying. On 08/21/2013 the injured worker had a clinical evaluation. He reported pain and stiffness in the left shoulder. The physical examination revealed limited range of motion with the left shoulder. The treatment plan was for manipulation of the shoulder under anesthesia. The provider's rationale for the request is not provided within the documentation. The Request for Authorization for medical treatment is not indicated within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen (DOS: 10/09/2013): Overturned

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

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

Decision rationale: The request for urine drug screen (retrospective date of service 10/09/2013) is medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend drug testing. The steps to take before a therapeutic trial of opioids and ongoing management of opioids include screening for risk of addiction (test); and to avoid misuse. The injured worker had a urine drug screen on 10/09/2013, postop surgery. Opioids are within the treatment plan and part of the ongoing management of long-term use. Therefore, the retrospective urine drug screen is medically necessary.