MAXIMUS Federal Services

Case Number:	CM13-0028113		
Date Assigned:	11/22/2013	Date of Injury:	04/24/2002
Decision Date:	04/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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 Surgery 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 claimant is a 60-year-old male injured on April 24, 2002. The clinical records provided for review indicated that the claimant is being treated for right shoulder bursitis with bicipital tenosynovitis and chronic pain with medication management of Soma, Anaprox and Norco. The recent progress report on August 7, 2013 noted that acupuncture was not helpful. Physical examination of the right shoulder noted restricted range of motion and acromioclavicular (AC) joint and rotator cuff tenderness, diminished grip strength at 4/5 and no other significant findings. Recommendation was to continue medication management, follow-up visits and laboratory testing every three months for one year. There was a request for four urine drug screens every three months for one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE POC DRUG SCREEN EVERY THREE MONTHS FOR ONE YEAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen: Drug Screening Page(s): 43 and 94-95.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment 2009 Guidelines the request for urine drug screening every three months for one year is not indicated. The Chronic Pain guidelines recommend that urine drug screens are random. Therefore, there would be no reason to scheduled urine drug screens, as it would create bias in regards to the process itself. According to the Chronic Pain Guidelines, random urine drug screening is only used to identify serious misuse or inappropriate management of medicine in the chronic setting. Serial negative testing would not necessitate the need of urine drug screening as frequently as being prescribed. The request is not indicated.

LABS EVERY THREE MONTHS FOR ONE YEAR: BASIC METABOLIC PANEL, HEPATIC FUNCTION PANEL, COMPLETE BLOOD COUNT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment 2009 Guidelines three month routine laboratory testing is not indicated. The nonsteroidal medications are not recommended for claimants with underlying hepatic issues and routine and suggested initial laboratory testing including a CBC and chemistry profile would be recommended. There is no clinical indication for routine blood monitoring at the requested interval provided given the current clinical presentation. This request for multiple laboratory testing procedures is not supported.

FOLLOW UP VISITS TIMES THREE: 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)Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits.

Decision rationale: The California MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, the request for follow-up office consultation for three additional visits is not indicated. The claimant is now eleven years following the time of injury and appears to have no acute clinical findings. Although the claimant continues to utilize medication, the frequency of appointments would not be supported based on the specific request. It would be unclear why transition to an as needed follow-up or symptomatic yearly follow-up would not be more appropriate given the claimant's timeframe from injury. Therefore the request is non-certified.