MAXIMUS Federal Services

Case Number:	CM13-0040784		
Date Assigned:	03/19/2014	Date of Injury:	07/30/2012
Decision Date:	04/29/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Texas. 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 46-year-old male who reported an injury on 07/30/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with cervical spine discogenic disease, thoracic spine sprain, radiculitis of the lumbar spine, lumbar spine discogenic disease, bilateral shoulder strain, right foot sprain, depression, fracture of the right great toe, right shoulder rotator cuff tear and moderate impingement. The patient was recently seen by [redacted] on 09/12/2013. The patient reported persistent neck, upper back, mid back, low back, right shoulder and right ankle/foot pain. Physical examination revealed palpable tenderness with decreased range of motion of the right shoulder as well as positive impingement testing. Treatment recommendations at that time included an orthopedic consultation for a possible right shoulder arthroscopic surgery and a neurosurgeon consultation for a possible decompression of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULTATION FOR THE RIGHT SHOULDER REGARDING POSSIBLE ARTHROSCOPIC SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient does report moderate right shoulder pain. The patient's physical examination revealed decreased range of motion with positive impingement testing. However, there was no evidence of an attempt at conservative treatment prior to the request for a specialty consultation. There were no plain films or imaging studies obtained prior to the request for a referral. The medical necessity has not been established. Therefore, the request for orthopedic consultation for the right shoulder regarding possible arthroscopic surgery is not medically necessary and appropriate

NEUROSURGEON TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: This is a nonspecific request and does not include the type of treatment being requested. Therefore, the request for neurosurgeon treatment is not medically necessary and appropriate.

URINALYSIS (UDT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, URINE DRUG SCREEN. Decision based on Non-MTUS Citation ODG; (HTTPP://WWW.ODG-TWC.COM/ODGTWC/PAIN.HTM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 1 year ago to date, and there was no indication of noncompliance or misuse of medications. There is also no indication that this patient falls under a high risk

category that would require frequent monitoring. Based on the clinical information received, the request for Urinalysis (UDT) is not medically necessary and appropriate.