

<b>Case Number:</b>	CM13-0049024		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 51-year-old gentleman injured in a work-related accident 01/27/11. Clinical records indicate the claimant sustained an injury to the upper extremities. Previous imaging includes a 04/03/13 shoulder MRI showing chronic impingement without rotator cuff pathology. The claimant's current use of medications from 10/10/13 included prescriptions for Norco, Naprosyn, and Tramadol. A recent assessment of 10/14/13 indicated ongoing complaints of left upper extremity pain and neck pain with examination showing diminished range of motion to the left wrist with swelling. The left shoulder was with tenderness to palpation and diminished motion, and tenderness over the cervical spine to palpation. The recommendations at that time were for continued disability, medication management, a urinalysis to assess compliance of medication usage, and a three-week orthopedic followup for further assessment. The records also indicated the role of a certified Spanish interpreter for this claimant. The claimant's working diagnosis at the 10/14/13 assessment with [REDACTED] was that of status post left wrist surgery with residual pathology and weakness, chronic cervical ligamentous strain, chronic left shoulder strain, chronic left elbow strain, insomnia, stress, anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up evaluation with an orthopedic surgeon (left wrist):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates, Forearm, Wrist and Hand Chapter section on Office Visits.

**Decision rationale:** When looking at Official Disability Guideline criteria in regards to followup office consultations, they are recommended as determined to be necessary for evaluation and management of outpatient complaints. This specific request would not be indicated as the claimant continues to have chronic conditions with no indication of acute clinical finding or supportive evaluation finding that would be indicative of the need for continued orthopedic care. The claimant appears to be being treated by multiple providers. In the absence of documentation of a surgical process, the request for a followup orthopedic surgical consultation is not medically necessary and appropriate.

**Urinalysis:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens.

**Decision rationale:** Based on the MTUS Chronic Pain Medical Treatment Guidelines, a urinalysis would appear medically necessary. Periodic drug screening to assess for compliance of medication use is reasonable given the underlying guideline criteria. At the last clinical assessment, this claimant was prescribed Tramadol, Norco, and Naproxen. Thus, the periodic urine drug screening would appear to be medically necessary and appropriate.

**Certified Spanish Interpreter:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary