

Case Number:	CM13-0067193		
Date Assigned:	01/03/2014	Date of Injury:	01/19/2013
Decision Date:	05/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 and is licensed to practice in Illinois. 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 64-year-old female who reported an injury on 01/19/2013, secondary to a fall. Current diagnoses include left C6 radiculopathy, arthrofibrosis of the left elbow and shoulder, left humerus fracture, left supraorbital laceration, cervical degenerative disc disease, cervical stenosis, spondylolisthesis, and concussion. The most recent physician progress report submitted for this review is documented on 10/07/2013. The injured worker reported ongoing neck pain with radiation to the left upper extremity. Physical examination of the bilateral shoulders revealed limited range of motion on the left with positive impingement sign and 4/5 strength. Treatment recommendations included an MRI of the left shoulder, an x-ray of the left humerus, a request for authorization for a pain management consultation, and a corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT ARTHROGRAM OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. Official Disability Guidelines state arthrography is recommended for specific indications. Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial thickness tears are best defined by an MRI. MR arthrography is usually necessary to diagnose labral tears. As per the documentation submitted, the injured worker's physical examination only revealed limited range of motion with positive impingement testing. There is no mention of an attempt at conservative treatment with regard to the left shoulder. The injured worker was also pending an MRI scan of the left shoulder. The medical necessity for the requested CT arthrogram has not been established. Therefore, the request for CT arthrogram of the left shoulder is not medically necessary.

RETROSPECTIVE URINE TOXICOLOGY SCREENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,77,89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no indication of non compliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. The request for retrospective urine toxicology screening is not medically necessary.