MAXIMUS Federal Services

Case Number:	CM14-0007644		
Date Assigned:	02/07/2014	Date of Injury:	11/09/2010
Decision Date:	08/04/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 53-year-old female who was injured on November 9, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 6, 2014, indicates that there are ongoing complaints of neck and lower back pain radiating to the right and left shoulders and left hip. The physical examination demonstrated some decreased motion of the right shoulder secondary to pain. Crepitus was present with right shoulder motion and there was a positive impingement sign. There was tenderness over the acromioclavicular joint. Examination of the thoracic spine noted tenderness of the paravertebral muscles with spasms and there was a normal upper and lower extremity neurological examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO REFERRAL FOR MEDICATIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: The medical record does not state any specific justification why there would be a need for a visit to see an orthopedic specialist for prescriptions rather than a general practice physician. The rationale for this is not clear. Without specific justification, this request for an orthopedic referral for medications is not medically necessary.

RANDOM UA TESTING AND CMP X6 VISITS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: A review of the medical record does not indicate what current medications the injured employee is taking. Without this information and specific knowledge of whether or not opioids are prescribed it is unclear why there is a request for a urine drug screening. Without this information this request is not medically necessary.