

Case Number:	CM14-0010301		
Date Assigned:	02/21/2014	Date of Injury:	06/04/2007
Decision Date:	07/17/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/27/2014

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 occupational medicine, 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 patient is a 54-year-old female who has submitted a claim for cervical intervertebral disc displacement without myelopathy, lateral epicondylitis, hand osteoarthritis, knee osteoarthritis, glenoid labrum detachment, tear of medial cartilage / meniscus of knee, and loose body in elbow joint associated with an industrial injury date of 09/22/2009. The medical records from 2012 to 2013 were reviewed. The patient complained of worsening pain at the left arm, forearm, shoulder, and neck of moderate to severe intensity. The patient stated that she had no numbness, tingling sensation, or instability. The popping sensation was noted at the left elbow. Some aggravating factors included carrying, pushing / pulling, grasping, and squeezing. The patient's height is 5'4", weighs 268 pounds, with body mass index of 46 kg/m². The physical examination revealed tenderness at the cervical spine and right shoulder. The left shoulder showed limited range of motion, weakness, positive slap test, positive Hawkins's test, and positive impingement test. Range of motion of the elbow was from zero to 125 degrees. The forearm pronation and supination were both measured at 90 degrees. The right knee range of motion was measured at 10 to 95 degrees; left knee from zero to 95 degrees. The left upper extremity reflexes were brisk. The MRI of the left elbow, dated 03/22/2013, showed that evaluation was fairly limited due to patient's size, magnet field strength and motion artifact. A small joint effusion was present. There may be a small focus of subchondral edema in the radial head but no fracture was noted. No definite ligamentous or tendinous injury was seen. The MRI of the left shoulder, dated 03/22/2013, revealed partial thickness tear of the leading edge of supraspinatus tendon. The evaluation was fairly limited by motion artifact. Treatment to date has included left total knee replacement in 2012, left shoulder cortisone injection, physical therapy, weight loss program, and medications such as tramadol and meloxicam. Previous utilization review from 10/10/2013 was not made available for review.

Imr issues, decisions and rationales

The final determination was based on decisions for the disputed items/services set forth below:

Urine drug screen: upheld

Claims administrator guideline: decision based on mtus chronic pain treatment guidelines opioids page(s): 77-80.

Maximus guideline: decision based on mtus chronic pain treatment guidelines opioids, ongoing management page(s): 78.

Decision rationale: on page 78 of the california mtus chronic pain medical treatment guidelines states that urine drug screens are recommended as an option to assess use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication only includes meloxicam. The progress report from 7/26/13 cited that tramadol was discontinued. There is no compelling rationale for performing drug screen at this time. No aberrant drug behavior was likewise noted. Therefore, the request for urine drug screen is not medically necessary.

Lumbosacral brace: upheld

Claims administrator guideline: the claims administrator did not base their decision on the mtus. Decision based on NON-MTUS citation acoem, occupational medicine practices guidelines; occupational medicine practice guidelines plus, apg i plus, 2010, low back disorders, table 12-8; updated back chapter: lumbar supports, 786.

Maximus guideline: decision based on MTUS acoem chapter 12 low back complaints page(s): 301.

Decision rationale: the california mtus acoem guidelines low back chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, recent progress reports did not document subjective complaints or objective findings pertaining to the lumbar spine. There is no documented rationale for this request. Therefore, the request for lumbosacral brace is not medically necessary.