MAXIMUS Federal Services

Case Number:	CM14-0019270		
Date Assigned:	04/21/2014	Date of Injury:	08/11/2009
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/14/2014

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 Emergency Medicine 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 injured worker is a 49 year old male who reported an injury on 08/11/2009 due to an unknown mechanism. The clinical note dated 03/03/2014 included diagnoses of right shoulder impingement syndrome, clinically, right acromioclavicular cartilage disorder, clinically, right sub acromial/sub deltoid bursitis, clinically, right bicipital tendinitis, clinically; status post right shoulder arthroscopy, partial thickness supraspinatus tendon tear and tendinosis of the right shoulder. The injured worker reported shoulder pain rated at 2/10. The official X-ray dated 02/18/2014 revealed no significant plan radiograph bony abnormality of the right shoulder. The official MRI dated 02/18/2014 revealed tiny focal partial thickness tear of the far distal right supraspinataus tendon with also mild tendinosis of the remainder of the tendon without retraction and small sub centimeter bone reactive cyst change in the margin of the right humeral head without significant bone marrow edema. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL LABORATORY PANEL (LABS UNSPECIFIED) QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: The request for initial laboratory panel (labs unspecified) QTY:1 is non-certified. The injured worker reported shoulder pain rated at 2/10. The California Chronic Pain Medical Treatment Guidelines indicate periodic lab monitoring of a CBC (Complete Blood Count) and chemistry profile (including liver and renal function tests) is recommended for injured workers utilizing NSAID (Non-Steroidal Anti-inflammatory Drug) medications. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The submitted request did not indicate the specific labs being requested. Therefore, per the CA MTUS guideline, the request for initial laboratory panel (labs unspecified) is not medically necessary and appropriate.

URINE DRUG SCREEN QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, 43 Page(s): 43.

Decision rationale: The request for urine drug screen QTY: 1 is non-certified. The injured worker reported shoulder pain rated at 2/10. The California Chronic Pain Medical Treatment Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or indicate the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is also no evidence of opioid use. Therefore, per CA MTUS guidelines, the request for urine drug screen is not medically necessary and appropriate.