

Case Number:	CM14-0112379		
Date Assigned:	08/01/2014	Date of Injury:	02/12/2011
Decision Date:	10/20/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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 Internal Medicine and is licensed to practice in California, Colorado, Kentucky and North Carolina. 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 56 year old female who sustained an injury to her right arm on 02/12/11 when she "slipped and fell on the tapestry at work. I extended my right arm and to cushion my fall". The injured worker also alleged cumulative trauma to the right shoulder and low back from 02/12/11 to 02/01/12, which was her last day at work while performing her usual and customary duties as a steward at a hotel. Treatment to date has included modified work duties, medications, and physical therapy. The injured worker underwent right shoulder surgery on 06/12/12 followed by post-operative physical therapy. An initial psychological evaluation on 05/01/14 reported that the injured worker is status post L5-S1 laminectomy/fusion and right shoulder arthroscopy, debridement/synovectomy, subacromial decompression and distal clavicle resection. The injured worker stated that "my hip area hurts a lot and I can't use my arm to do many things. When I walk, my back is terrible. I used to use a walker when I first had the surgery, so I use it still when I'm going a long ways. The pain is constantly there". The injured worker rated her pain at 6-7/10 visual analog scale (VAS) for her right shoulder, arm, back, hips, and buttocks pain. The injured worker stated that she was seeking relief of emotional symptoms and distress she was currently experiencing as a result of her physical work-related injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter,
Urine drug testing (UDT)

Decision rationale: The request for urinalysis is not medically necessary. The previous request was denied on the basis that there was no documentation of provider concerns over use of illicit drugs or patient non-compliance with prescription medications. There was no documentation of the dates of previous screening over neither the past 12 months, nor what those results were and any potential related actions taken. In addition, there is no current medical narrative report documenting the current medication list, subjective complaints, or physical examination findings. Based on the currently available information, the request was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for urinalysis is not indicated as medically necessary.