

Case Number:	CM14-0133057		
Date Assigned:	08/22/2014	Date of Injury:	06/04/2011
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 records presented for review indicate that this 63 year-old female was reportedly injured on June 4, 2011. The mechanism of injury is noted as frequent lifting of heavy objects. The most recent progress note, dated April 18, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated an alert and oriented individual in no acute distress. Examination of the left shoulder revealed no tenderness or swelling. There was no erythema, ecchymosis or effusion. Other findings include a positive impingement sign, positive supraspinatus sign, negative apprehension test, positive acromioclavicular joint tenderness, positive crepitus, negative drop arm test and negative sulcus sign. There is no detectable anterior or posterior laxity. Left shoulder range of motion is decreased in all planes. Sensation and circulation are intact to bilateral opportunities as well. Diagnostic imaging studies include left shoulder x-rays, which objectified project he was cystic changes to the left distal clavicle and mild type II acromion. An MRI of the upper extremity demonstrated moderate grade partial thickness tearing of the supraspinatus myotendinous junction, as well as moderate acromioclavicular joint degenerative changes. An MRI of the cervical spine showed multilevel spondylosis without spinal canal stenosis, as well as multilevel nerve foraminal stenosis, at C4-C5 and C5-C6, as well as reversal of the normal cervical lordosis with multilevel grade 1 listhesis. Previous treatment includes medications, physical therapy, and acupuncture to the low back. A request had been made for a retrospective urine drug screen from June 5, 2014, and was not certified in the pre-authorization process on August 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (DOS 6/5/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-78, and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: MTUS guidelines support urine drug screening as an option to assess for the use of or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.