

Case Number:	CM14-0138412		
Date Assigned:	09/05/2014	Date of Injury:	04/07/2013
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 47-year-old female was reportedly injured on April 7, 2013. The most recent progress note, dated July 22, 2014, indicates that there was a follow-up for left shoulder surgery. The physical examination demonstrated intact wounds and a normal neurological examination. Diagnostic imaging studies of the left shoulder revealed interstitial tearing of the supraspinatus and infraspinatus tendons, a SLAP tear, and moderate acromioclavicular osteoarthritis. Previous treatment includes left shoulder surgery, physical therapy, and home exercise. A request had been made for a urine drug screen and was not certified in the pre-authorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (retro-DOS 7/15/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Testing

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

Decision rationale: The MTUS Chronic Pain Guidelines support urine drug screening as an option to assess for the use 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 for a urine drug screen is not considered medically necessary.