

Case Number:	CM14-0177210		
Date Assigned:	10/30/2014	Date of Injury:	01/18/2013
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/27/2014

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:

Patient is a 64 year-old female with date of injury 01/18/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/04/2014, lists subjective complaints as right shoulder pain radiating down the right arm. Objective findings: Examination of the right shoulder revealed tenderness to palpation and decreased range of motion. Impingement sign was positive. There was weakness of the right shoulder with external rotation and abduction. Drop-arm test was negative. Diagnosis: 1. Right shoulder impingement syndrome with rotator cuff tear. Patient is status post right shoulder arthroscopy with arthroscopic subacromial decompression and rotator cuff repair on 09/23/2014. Patient's current medication regime was not documented in the PR-2 associated with the request for authorization.

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 Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine Drug Screen is not medically necessary.