

Case Number:	CM14-0178578		
Date Assigned:	10/31/2014	Date of Injury:	10/28/2013
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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:

The injured worker is a 57-year-old male who reported an injury on 10/28/2013. The injured worker was reportedly struck in the lower back by a pallet containing heavy boxes. The current diagnoses include rotator cuff sprain and pain in a joint involving the shoulder region. The injured worker was evaluated on 09/29/2014 with complaints of persistent right shoulder pain. Physical examination was not provided. Treatment recommendation at that time included physical therapy 3 times per week for 4 weeks, a urine toxicology screening, and an interferential unit for a 1 to 2 month rental and purchase. A Request for Authorization form was then submitted on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing / Indicators and predictors of possible misuse of con.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there was no mention of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity has not been established. Therefore, the request is not medically appropriate.

Interferential unit and supplies -30-60 days rental and purchase for the right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medication or side effects, a history of substance abuse, or significant pain from postoperative conditions. Additionally, the guidelines further state if the device is to be used, a 1 month trial should be initiated. There was no documentation of a failure to respond to first line conservative treatment prior to the request for an interferential unit. The request for a 30 to 60 day rental and purchase does not fall within guideline recommendations. Therefore, the request is not medically appropriate.