MAXIMUS Federal Services

| Case Number: | CM14-0024149 | | |
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| Date Assigned: | 06/11/2014 | Date of Injury: | 09/22/2009 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/20/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

## 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 48 year-old female who reported an injury on 09/22/2009 of unknown mechanism. It was noted that the injured worker is post status of a right shoulder arthroscopic surgery that was done on 11/04/2011. She states the surgery overall improved her activities of daily living but occasionally had flare-ups with pain on her right shoulder and neck pain. On 05/02/2014 the injured worker complained of right shoulder and neck pain. She states that she has difficulty with pushing, lifting, overhead reaching and sleeping on the right side at night. On the physical examination, done on 05/02/2014 it was revealed the injured worker had decreased internal and external rotation. The injured worker medication include Tramadol/APAP 37.5/325mg and Omeprazole 20 mg. Vas scale was not provided on the physical examination. The injured worker range of motion was abduction 150 degrees and flexion 160 degrees. The injured worker strength was 4/5 of forward flexion and abduction. The injured worker had a Thumbs, Neer's and Hawkins's Tests which the results were all positive. The diagnoses of the injured worker included right shoulder arthroscopic and impingement syndrome with subacromial decompression and Mumford procedure, right shoulder tear of the rotator cuff and musculoligamentous strain of the cervical spine. The treatment plan was for a chromatography, quantitative. The request for authorization was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CHROMATOGRAPHY, QUANTITATIVE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On- going Management. Drug Screen Page(s): 78.

**Decision rationale:** The request for the Quantitative Chromatography is not medically necessary. The California Medical Treatment Guidelines (MTUS) state that this is for urine drug testing and does not support urine drug testing in the absence of chronic opiate/narcotics. The injured worker was diagnosed back in 09/22/2009 which included the right shoulder arthroscopic and impingement syndrome with subacromial decompression and Mumford procedure, right shoulder tear of the rotor cuff and musculoligamentous strain of the cervical spine. There was lack of documentation to specify the frequency and duration of opiates/narcotics for injured worker. In addition, there was no documentation provided when the injured worker had any screening test done on the sample prior to the chromatography being done quantitatively. The injured worker's last quantitative chromatography report was from 11/19/2013 but the report failed to state what prescription medication the injured worker was taking. In addition when a urine drug test is completed, there should be an initial screening immunoassay completed as well. There was no evidence provided of an initial screening immunoassay being submitted. Given above the request for Quantitative Chromatography is not medically necessary.