

Case Number:	CM14-0031607		
Date Assigned:	06/20/2014	Date of Injury:	10/31/2012
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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 injured worker is a 55-year-old female who was reportedly injured on October 31, 2012. The mechanism of injury was a trip and fall down the stairs. The most recent progress note dated April 23, 2014, indicated that there were ongoing complaints of right shoulder and right knee pain. The physical examination demonstrated decrease cervical, lumbar spine and right shoulder range of motion. The treatment plan recommended continuation of physical therapy and work restrictions. Zolpidem and Sentra were prescribed. A previous MRI of the right shoulder was performed on December 12, 2012 and noted mild tendinitis of the rotator cuff, moderate osteoarthritis of the acromioclavicular joint and a possible Hill-Sachs deformity. A request was made for an MRI of the right shoulder and a retrospective urine drug screening and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI (Magnetic Resonance Imaging) of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Procedure Summary-Shoulder, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging, updated April 25, 2014.

Decision rationale: According to the medical record provided, the injured employee has had a previous MRI of the right shoulder on December 12, 2012. There has not been any significant change of the injured employee's right shoulder symptoms, physical examination findings, nor did any potential surgery recommend that would necessitate the need for a repeated MRI. For these reasons, this request for a repeat MRI of the right shoulder is not medically necessary.

Retrospective Urine Drug Screen with Laboratory Confirmation (Date of service: 1/29/14):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Procedure Summary-Pain, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: According to the medical records provided, the injured employee has just completed a urine toxicology screening on December 10, 2013 just over one month prior to the requested date of January 29, 2014. Since that time, there has been no stated concern about drug abuse, misuse, lack of pain control or aberrant behavior. This request for a urine drug screen is not medically necessary.