

Case Number:	CM14-0031636		
Date Assigned:	06/20/2014	Date of Injury:	04/17/2013
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
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 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 47 year old male who reported an injury on 04/17/2013 due to loading boxes. The injured worker had residual right shoulder pain. Physical examination on 02/03/2014 revealed right shoulder range of motion for abduction was to 160 degrees, forward flexion was to 160 degrees, external rotation was to 45 degrees and internal rotation he was able to bring his hand to his back. There was radicular pain and numbness in the right C5 dermatomal. Diagnoses were radiculopathy right C5, right shoulder impingement syndrome, slap lesion right shoulder, cervical sprain/strain. The injured worker did have physical therapy. Diagnostic studies were not submitted. Medications were not listed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Chromatography Quantitative screen performed on 11/22/13 for right shoulder pain: Upheld

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

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

Decision rationale: The request for chromatography quantitative screen performed was non-certified. The document submitted was lacking information such as reports from that time period, medications that were being prescribed, and the urine drug screen dated 11/22/2013. The California Medical Treatment Utilization Schedule recommends as an option to assess the use or the presence of illegal drugs. The document submitted is lacking information. Therefore, the request is non-certified.