

Case Number:	CM14-0032102		
Date Assigned:	06/20/2014	Date of Injury:	01/01/2011
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50-year-old male who sustained an injury to his right shoulder on 01/01/11 while lifting a box. Conservative treatment to date has included medications and physical therapy. Magnetic resonance imaging of the right shoulder revealed moderately severe supraspinatus tendinosis without discreet tear; partial tearing of the deep surface of the subscapularis; partial tearing of the labrum at the insertion of the inferior glenohumeral ligament in association with some capsular swelling; likely a subluxation lesion; no complete Bankart lesion seen; probable degenerative superior labrum anterior and posterior (SLAP) lesion with cranial cruciate ligament arthrosis. The injured worker subsequently underwent surgery that provided him moderate relief. The injured worker continued to complain of right shoulder pain at 3-7/10 visual analog scale (VAS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 1/14/14) for UDS (urine drug testing): Upheld

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

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

Decision rationale: There is no reason to perform confirmatory testing unless the testing revealed inappropriate or unexpected results. In this case, there was no evidence of aberrant behavior and the injured worker was not prescribed higher dose opiate medications. After review of the submitted clinical documentation provided, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the retrospective request for (DOS: 01/14/14) for UDS (urine drug testing) is not indicated as medically necessary.