

Case Number:	CM14-0040866		
Date Assigned:	06/30/2014	Date of Injury:	01/29/2013
Decision Date:	08/19/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, 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:

01/29/13. Mechanism of injury was not documented. Magnetic resonance arthrogram of the left shoulder dated 08/27/13 revealed calcific tendinitis of the distal supraspinatus tendon; superior labral tear extending into the anterior superior and superior labrum with a 0.7 times 0.4cm paralabral cyst; degenerative changes at the glenohumeral joint with denudation of the articular cartilage and sub portal cyst formation of the glenoid. Physical examination of the cervical spine noted ambulation with a cane; cervical spine flexion 30 degrees, extension 10 degrees, right lateral bending 10 degrees, left lateral bending 20 to bilateral lateral rotation 50 degrees; left shoulder examination noted no acromioclavicular joint, bicipital groove, or subacromial point tenderness; range of motion forward flexion left 90 degrees, neutral abduction 70 degrees, internal/external rotation 70 degrees, extension 20 degrees, adduction 0 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine 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: This presentation does not support the urine drug panel done by the laboratory. There was no indication that would support testing for illicit drugs unless it is a for cause situation or as the baseline urine drug test when chronic opiates are being initiated. Furthermore, the frequency and duration of the requested urine drug testing was not specified in the request. Given this, the request for retro drug screening is not indicated as medically necessary.