

<b>Case Number:</b>	CM14-0058905		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 records, presented for review, indicate that this 45-year-old female was reportedly injured on May 16, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 4, 2014, indicates that there were ongoing complaints of right shoulder and wrist pains. Current medications are unknown. The physical examination demonstrated near full range of motion of the right shoulder and a positive impingement sign. There was tenderness over the acromioclavicular joint and rotator cuff insertion. There was good strength and range of motion of both wrists without any neurological signs or symptoms. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included right-sided carpal tunnel surgery and a right ulnar nerve neurolysis and anterior transposition. A request had been made for urine toxicology and was not certified in the pre-authorization process on April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. The most recent progress note, dated February 4, 2014, does not document current medications as well as any high risk behavior, previous abuse or misuse of medications. As such, this request for urine toxicology is not medically necessary.