

Case Number:	CM14-0078190		
Date Assigned:	07/18/2014	Date of Injury:	09/22/2012
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 Management and is licensed to practice in Florida. 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 30-year-old male who reported an injury on 09/22/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/09/2014 indicated diagnoses of crushing injury of the hand, carpal tunnel syndrome, orthopedic aftercare, tenosynovitis, supraspinatus internal derangement of the shoulder, and shoulder impingement syndrome. The injured worker reported he was status post right shoulder arthroscopic surgery 11/16/2003. On physical examination, the injured worker's right shoulder range of motion was flexion 165 degrees, extension 40 degrees, abduction 160 degrees, adduction 35 degrees, internal rotation 65 degrees, and external rotation of 7 degrees. The injured worker's treatment plan included continuing physical therapy and followup visit in 6 weeks. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Norco, Ultram, Anaprox, and Prilosec. The provider submitted a request for chromatography, quantitative. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Chromatography, Quantitative is not medically necessary. The Official Disability Guidelines states quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, the guidelines do not recommend quantitative chromatography for verifying compliance without evidence of necessity. As such, the request is not medically necessary.