

Case Number:	CM14-0086574		
Date Assigned:	07/23/2014	Date of Injury:	08/10/2012
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/09/2014

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 Interventional Spine 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 patient is a 34-year-old male with date of injury of 08/10/2012. The listed diagnoses per Dr. [REDACTED] dated 04/11/2014 are: 1. Cervical spine sprain/strain, rule out discopathy. 2. Right shoulder sprain/strain, rule out internal derangement. 3. Status post right cortisone injection. According to this report, the patient complains of cervical spine pain, which he rates 4/10. He notes that the pain has remained unchanged since his last visit. He describes the pain as constant and achy, radiating to the right shoulder down to the hand with associated numbness and tingling sensation. He states that his medications are helping with his pain. The physical examination shows the patient's gait is within normal limits. There is tenderness on the right at acromioclavicular joint, bicipital groove. Decreased sensation noted along the C6 and C7 dermatomes. There is decreased sensation on the median nerve. He has reduced right hand grip strength. Right shoulder range of motion is diminished. There is a positive impingement sign and supraspinatus test on the right. Shoulder abductor testing is 4/5 on the right. The utilization review denied the request on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm#Protocol>).

Decision rationale: This patient presents with cervical spine pain radiating to the right shoulder. The physician is requesting an MRI of the right shoulder. The ACOEM Guidelines page 207 to 208 states the criteria for ordering imaging studies including emergence of red flags; physiologic evidence of tissue insult or neurovascular dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to invasive procedure. The ODG Guidelines state that magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue injury. The indications for imaging include acute shoulder trauma, suspect rotator cuff tear/impingement; age greater than 40; normal plain radiographs; subacute shoulder pain; suspected instability/labral tear. The UR letter references an MRI of the right shoulder on 10/10/2013 per Thomas Pham, DO; however, this report was not made available. The physician does not explain why another MRI is needed. There are no neurologic deficits specific to shoulder that is progressive, no new injuries, no recent surgeries. The request is not medically necessary.

Urine drug testing.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with cervical spine pain radiating to the right shoulder. The physician is requesting urine drug testing. The MTUS Guidelines do not specifically address how frequent urine drug screen should be obtained for various risk opiate users; however, ODG Guidelines provided a clear recommendation. For low-risk opiate users, a urine drug screen is recommended following the initial screening within the first 6 months. The records show a UDS on 03/14/2014, which is consistent with prescribed medications. It appears that the physician is requesting another UDS to verify medication compliance. However the physician does not discuss why this patient would be considered "moderate risk" given the patient's consistent UDS results. In this case, ODG recommends a yearly urine drug screen for patients that are considered "low risk." The request is not medically necessary.