

<b>Case Number:</b>	CM14-0098377		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Internal Medicine 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 31 year old male who was injured on 03/01/2013. Mechanism of injury is unknown. Prior treatment history has included acupuncture and Tramadol. The QME performed by [REDACTED] on 3/11/14 mentions that the patient is a surgical candidate for his left shoulder anterior/superior labrum tear and severe focal tendinosis of the distal supraspinatus and infraspinatus. Progress note dated 04/17/2014 documented the patient with complaints of shoulder pain. MRI revealed a SLAP lesion and tendinitis of the supra and infraspinatus. There is no physical exam documented. The plan is for the patient to follow up with [REDACTED] and to continue PT. The patient is noted not be interested in surgery. The remainder of the report is illegible. Utilization report dated 06/09/2014 denied the request for a urinalysis because there were attempts made to get additional documentation and it was never received so it was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** 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 U.S. National Library of Medicine <http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm>.

**Decision rationale:** CA MTUS and ODG guidelines do not discuss the issue in dispute. Urinalysis is a urine laboratory test that evaluates the urine for elements such as color, clarity, pH, specific gravity, protein, glucose, ketones, urobilinogen, blood, red blood cells, and white blood cells. It is commonly ordered to screen for urinary tract infections, evaluate acute and/or chronic kidney disease, and evaluate for ketones in patients with metabolic acidosis. The records do not specify the indication for obtaining a urinalysis. There is no documentation that the patient is complaining of any urinary symptoms or has a history of kidney disease. Thus, the request for urinalysis is not certified as it is not deemed medically necessary.