

Case Number:	CM14-0175268		
Date Assigned:	10/27/2014	Date of Injury:	11/04/2011
Decision Date:	01/30/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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 New York. 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 61 year old male with a date of injury of 11/04/2011. As he was trying to load a large cabinet over 100 pounds into a truck, it fell on his left shoulder and twisted his left wrist. He had left wrist surgery on 06/20/2012. Other treatment has included Percocet, physical therapy, shoulder injection, Tramadol, NSAIDs, acupuncture, and a sling. Physician reports during 2014 reflect ongoing shoulder pain, reduced shoulder range of motion, left shoulder partial thickness tear on MRI, and recommendations for shoulder surgery. The treating physician has apparently been prescribing frequent drug tests (as often as monthly), with no specific discussion of medical necessity and no discussion of the results. The records contain multiple bills for "chromatography" apparently associated with the drug tests. None of the physician reports address the medical necessity or results for "chromatography". "Chromatography" was non-certified in Utilization Review on 9/24/14, with an explanation that there was no supporting clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for chromatography (no DOS indicated): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction, urine drug screen to assess for the use. Decision based on Non-MTUS Citation ACOEM Guidelines, 8/14/08, Chronic Pain, urine drug screens

Decision rationale: The requested chromatography is not supported by any physician reports, rationale for ordering this test, and there is no date of service for reference. Chromatography is a laboratory test which may be used in many settings, medical and non-medical. In this context, it may be referring to a urine drug screen, but this is not certain and no medical reports discuss this. When indicated for urine drug screens, chromatography is used to confirm positive screening tests. No such tests were present or discussed. General directions for drug testing are present in the cited guidelines. The indications for chromatography in this case are not clear from the records, do not conform to the cited guidelines, and have no date of service. As such, medical necessity has not been established. Therefore, the request is not medically necessary.