

Case Number:	CM14-0208482		
Date Assigned:	02/03/2015	Date of Injury:	12/17/2012
Decision Date:	03/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 33 year old male who sustained a work related injury on November 24, 2014. The mechanism of injury was a fall in which he sustained an injury to his left hip, neck and back. The injured worker underwent an MRI of the left shoulder on May 27, 2014 which revealed mild to moderate supraspinatus tendinosis without evidence of a high grade partial thickness tear or tendon retraction, no evidence of a superior labrum, anterior to posterior tear. Current documentation dated November 5, 2014 noted that the injured worker had increasing pain in the left shoulder. The injured worker was noted to be in marked distress. Physical examination revealed weakness of the left shoulder to external rotation with positive impingement signs. X-rays of the cervical spine revealed loss of cervical lordosis. X-rays of the thoracic and lumbar spine showed mild degenerative disc disease. X-rays of the left shoulder and humerus showed spurring on the undersurface of the acromion. Per the physicians report the injured workers diagnosis was evidence of a near full thickness tear of the rotator cut of the left shoulder; per clinical and MRI scan. Prior treatment has included medications, physical therapy, injections and rest. Medications prescribed include Orphenadrine, Gabapentin, Omeprazole, Flurbiprofen, Keratek Gel and Flurbiprofen/Cyclobenzaprine/Methoderm cream. Work status is permanent and stationary. The treating physician requested a Function Capacity Evaluation to assess the injured workers level of impairment and to determine any necessary work restrictions in order to prevent further injury at the work place. The treating physician also requested a urine toxicology screening to check efficacy of medications. Utilization Review evaluated and denied the requests on November 24, 2014. Per Utilization Review the medical records do not clarify

the job the injured worker is attempting to return to. Before considering a Function Capacity Evaluation, it would be necessary for the injured worker to attempt to return to work with modified duties and progress to regular duties. A Function Capacity Evaluation is time-consuming and cannot be recommended as a routine evaluation per the Official Disability Guidelines. Therefore, the request is non-certified. In regards to the urine toxicology screening, the injured worker is not currently on prescribed opioid analgesics. Based on the MTUS Chronic Pain Medical Treatment Guidelines a urine toxicology screening is indicated when an injured worker is chronically maintained on opioid analgesics to assess compliance. However, given the injured worker is not currently prescribed opioids, there is no medical justification for a urine toxicology screening. Based on the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines the medical necessity of the requests was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, has the following regarding functional capacity evaluations

Decision rationale: The patient presents with severe pain/weakness with external rotation of his left shoulder, exacerbated by overhead activities. The request is for a Functional Capacity Evaluation. In the 11/05/14 report, the treater states, "We have attempted to return this patient to work without restrictions, but have been unable to do so." I have reviewed his job description, and feel it necessary that this patient undergo a Functional Capacity Evaluation to assess his level of impairment and determine any necessary work restrictions in order to prevent further injury at the work place in the future. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluation. These assessments also may be ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace. It appears that the request is coming from the treater and not the employer. ACOEM supports FCE is asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence of FCEs predict the patient's actual capacity to do work. The requested functional capacity evaluation IS NOT medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with severe pain/weakness with external rotation of his left shoulder, exacerbated by overhead activities. The request is for a URINE TOXICOLOGY SCREEN. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The patient is currently taking Orphenadrine/caffeine, Gabapentin/Pyridoxine, and Omeprazole/Flurbiprofen. MTUS Guidelines support urine drug screens with the first 6 months for management of chronic opiate use in low risk patients. In this case, the patient is not prescribed with any opiates. Therefore, the requested urine toxicology screen IS NOT medically necessary.