

Case Number:	CM14-0209347		
Date Assigned:	12/22/2014	Date of Injury:	11/09/2012
Decision Date:	02/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, 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 53 year-old female with an 11/09/2012 date of injury. According to the 10/24/14 orthopedic report, the patient presents with low back and right upper extremity pain. She was reported to have had right shoulder surgery on 8/25/14. She was diagnosed with status post right shoulder surgery on 8/25/14 with residual adhesive capsulitis and bursitis; lumbar strain with DDD. The physician requests an FCE to objectify work restriction; PT 3x4; pain management; and urine toxicology screen. On 12/04/14 utilization review denied a request for an FCE and urine toxicology screen between 10/24/14 and 1/24/15. The reviewer states the guidelines do not recommend FCE to objectify the patient's work restrictions. The urine toxicology screen was denied because the patient had a test in Sept. 2014, and there was no reporting of the patient being above low-risk for aberrant behavior.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

Decision rationale: The physician requested a functional capacity evaluation "to objectify work restriction". The MTUS Chronic Pain guidelines and MTUS/ACOEM chapter guidelines did not provide details on functional capacity evaluations. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but does have relevant information related to Functional capacity evaluations. ACOEM chapter 7, pages 137-138 states: "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace". ACOEM guidelines do not support a functional capacity evaluation to predict an individual's work capacity. The request for Functional Capacity Evaluation is not medically necessary.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, for Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug testing

Decision rationale: On 10/24/14, the physician requested the urine toxicology screen "for ongoing judicious pain management". The provided records show that the patient recently had a urine toxicology report on 9/30/14 that was negative for street drugs. The MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, page 43 under Drug testing states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The issue appears to be the frequency of UDT. The MTUS does not specifically discuss the frequency that UDT should be performed. The ODG is more specific on the topic and states (ODG, Pain section, for Urine drug testing): "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The patient had urine toxicology testing about a month before the physician requested a routine toxicology test. There is no discussion of the patient being above low-risk for aberrant behavior and the recent test was negative for illegal drugs. The request for another urine toxicology screen is not in accordance with the frequency listed under the ODG guidelines. The request for Urine Toxicology Screening is not medically necessary.