

Case Number:	CM14-0059141		
Date Assigned:	07/09/2014	Date of Injury:	04/23/2012
Decision Date:	01/30/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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 claimant is a 40 yo female who sustained an industrial injury on 03/02/2009. The mechanism of injury was not provided. Her diagnoses included bilateral carpal tunnel syndrome status post left carpal tunnel release and left shoulder impingement. She continues to complain of neck pain and left shoulder pain. On exam there is full range of cervical range of motion with normal upper extremity reflexes. Shoulder exam revealed positive impingement on the left. There was full range of motion of the wrists with negative Tinel sign bilaterally and normal Phalen's sign bilaterally. In addition to surgery treatment has consisted of medical therapy and physical therapy. The treating provider has requested a urinalysis.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: There is no documentation provided necessitating the requested urine drug screen. Per MTUS Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. There is no documentation of previous test results or a specific indication for the requested test such as suspected misuse or noncompliance. Medical necessity for the requested item is not established. Therefore, this request is not medically necessary.