

<b>Case Number:</b>	CM14-0063516		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/25/2007
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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: Family Practice

### 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 is a 38 year old worker who suffered an industrial related injury on 10/25/07 after a fall. A MR arthrogram of the right shoulder obtained on 2/10/09 revealed postsurgical changes of the superior and anterior labrum and tears of the posterior aspect of the superior and posterior labrum. An x-ray of the cervical spine obtained on 2/10/09 revealed mild C4-5 and C5-6 posterior height loss. An x-ray of the lumbar spine obtained on 2/10/09 revealed a normal lumbar spine. Unfortunately many of the medical records provided are handwritten and illegible. The utilization review (UR) physician noted a physician's report dated 6/21/10 stated the injured worker had complaints of right upper extremity pain. The physical examination revealed right shoulder pain, hypersensitivity of the right upper extremity, and skin mottling. The injured worker was diagnosed with sprains and strains of an unspecified site of the shoulder and upper arm. On 4/29/14 the UR physician denied the request for a urinalysis dipstick. The UR physician noted there were no urological complaints noted in the medical records. Therefore the request is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis Dipstick (diagnostic reason unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8952295> J Am Pharm Assoc (Wash). 1996 Nov;NS36(11):668-79; quiz 679-81

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinalysis in the diagnosis of kidney disease, by Ron Wald, MD

**Decision rationale:** A urinalysis is medically indicated to screen for and to diagnosis a number of genitourinary system diseases. These include glycosuria, urinary tract infections, glomerulonephritis, microalbuminuria, renal casts, microhematuria, renal calculi, and myoglobinuria, to name a few. The medical documentation does not make clear what the clinical rationale for ordering the urinalysis is. The request for urinalysis is not medically indicated based on the documentation.