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| Case Number: | CM15-0005916 | | |
| Date Assigned: | 01/20/2015 | Date of Injury: | 06/19/2011 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/11/2014 |
| Priority: | Standard | Application Received: | 01/12/2015 |

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:

The injured worker is a 41 year old female who sustained an industrial injury on 06/19/2011. She complains of pain and discomfort in the left and right shoulder. Diagnoses include left shoulder pain and dysfunction, left shoulder impingement, overuse syndrome of the left upper extremity with tendinitis, compensatory right shoulder pain and left shoulder arthrosis, status post left shoulder surgery on 08/14/2014. Treatment has included medications, home exercise program, acupuncture, chiropractic sessions, and physical therapy. A physician progress report dated 12/10/2014 documents the injured worker reports continued pain and limits with overhead. Left shoulder pain and discomfort is constant with stabbing pain to the left elbow. She shows diminished, painful range of motions. Her right shoulder pain is off and on. The injured worker has a tender acromioclavicular joint. Left shoulder flexion is 165 degrees, abduction 160 degrees, external rotation 75 degrees, and internal rotation is 70 degrees. The prescribing physician is requesting 1 Urine drug test, and Functional capacity evaluation. On 12/11/2014 Utilization Review non-certified the request for 1 Urine Drug Test citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/11/2014 Utilization Review non-certified the request for Functional capacity evaluation and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Steps to avoid opioid misuse Page(s): 43, 94-95. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: This patient presents with bilateral shoulder pain. The treater has asked for 1 URINE DRUG TEST on 11/12/14 "to monitor meds prior use. The treatment plan states to discontinue Tramadol per 11/12/14 report. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the patient has a chronic pain condition. However, this applies to patients that are on opiates and UDS's are used to manage chronic opiate use. This patient will be discontinuing opiates and there is no need for UDS testing. The request IS NOT medically necessary.

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

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: This patient presents with bilateral shoulder pain. The treater has asked for FUNCTIONAL CAPACITY EVALUATION on 11/12/14. The patient has completed 24 physical therapy sessions and is returning to modified work duties per 11/12/14 report. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the treater does not indicate any special circumstances that would require a functional capacity evaluation. Routine FCE's are not supported by the guidelines. The request IS NOT medically necessary.