

Case Number:	CM15-0196887		
Date Assigned:	10/12/2015	Date of Injury:	02/19/2011
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 19, 2011. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for MR arthrography of the shoulder and urine toxicologist to chromatography. The claims administrator referenced an RFA form received on September 14, 2105 in its determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant was described as doing poorly insofar as the shoulder was concerned. The attending provider stated that the applicant had persistent tenderness about the shoulder. The attending provider stated that the applicant had a possible recurrent tear versus nonhealing tear of the rotator cuff of the left shoulder. MRI arthrography of the shoulder was sought. Flexeril, Protonix, tramadol, and Voltaren were renewed and/or continued. It was not stated whether the applicant was or was not using other medications. The attending provider did not state whether the claimant was or was not considering surgical intervention at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for MR arthrography of the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography of the shoulder for evaluation purposes without surgical indication is deemed "not recommended." Here, the attending provider's September 3, 2015 office visit was thinly and sparsely developed and made no mention of the applicant's considering or contemplating any kind of surgical intervention involving the injured shoulder based on the outcome of study in question. There was an neither explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Urine toxicology screen in house, Chromatography, qualitative; column (e.g., gas liquid or HPLC), analyte not elsewhere: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for urine toxicology screen (AKA drug screen) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option to assess for the presence or absence of illegal drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing Topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly states which drug tests and drug panels he intends to test for, attempt to conform to the best practices of the [REDACTED] when performing drug testing, and categorize applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, there was no mention of the applicant being a higher or lower-risk individual for whom more or less frequent testing would be indicated. While the attending provider renewed and/or continued several medications on September 2, 2015, it was not stated that these medications represented the applicant's entire medication list. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the [REDACTED] when performing testing. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.

