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| Case Number: | CM15-0025319 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 06/15/2011 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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: Arizona, 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 6/15/11. He has reported right shoulder injury after pulling a 100 pound linen cart; the cart hit the wall and caused his right shoulder to jolt. The diagnoses have included right shoulder internal; derangement, status post right knee arthroscopy with residuals and status post tracheotomy. Treatment to date has included medications, knee brace, crutches, diagnostics, physical therapy, and surgery. Currently, the injured worker complains of pain in the right shoulder rated 6-7/10 on pain scale especially with performing circular motions with the arm. He also reports occasionally tingling sensation down the arm and hand. The pain is aggravated by lifting above the head. He also complains of pain in the right knee rated 5/10. He reports swelling with stabbing along the inner side of knee to mid thigh. He also reports locking of the knee and giving way at times. Physical exam revealed right knee patellar compression test was positive. Magnetic Resonance Imaging (MRI) of the right knee dated 4/30/13 revealed irregularity of the posterior inferior margin of the medial meniscus. He has had prior right knee arthroscopy with residual complaints with regard to the right knee. During the surgery for the right shoulder, he had to undergo tracheotomy and has not yet had the shoulder surgery at this time. Treatment was for re-fill of medications for pain including Ultram and Flexeril. On 2/4/15 Utilization Review non-certified a request for Retrospective: Urine Drug Screen (DOS 11/21/14), noting the (MTUS) Medical Treatment Utilization Schedule and non-(MTUS) Medical Treatment Utilization Schedule Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Drug Screen (DOS 11/21/14): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid and urione toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. .The claimant has had prior requests monthly for the last several months. There were no prior urine drug screen results provided that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.