

<b>Case Number:</b>	CM15-0027846		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 68-year-old male, who sustained an industrial injury on October 23, 2012. He has reported right shoulder pain and bilateral wrist pain. Diagnoses have included right shoulder internal derangement, cervical spine strain/sprain, and bilateral carpal tunnel syndrome. Treatment to date has included medications, right shoulder arthroscopy and splinting. A progress note dated December 9, 2014 indicates a chief complaint of continued right shoulder pain and bilateral wrist pain. The treating physician documented a plan of care that included follow up with a hand surgeon, revision of the right shoulder, home care following surgery, and a urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

**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. There were no prior abnormal urine results. The claimant had been on Tramadol for unknown length of time. Based on the above references and clinical history a urine toxicology screen is not medically necessary. Urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity.

**Post-operative home care (5 days per week, 4 hours per day, for 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

**Decision rationale:** Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the request was for performing activities of daily living since the claimant's wife worked. The guidelines do not allow home health for this purpose. As a result, the request for home health is not medically necessary.