

<b>Case Number:</b>	CM15-0045149		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: 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 injured worker is a 35 year old female, who sustained an industrial injury on October 25, 2011. The injured worker had reported a pain in the right shoulder and right wrist. The diagnoses have included rotator cuff syndrome and sprain of the wrist and hand. Treatment to date has included medications, radiological studies, wrist support, physical therapy, right wrist surgery and right shoulder surgery. Most current documentation dated June 23, 2014 notes that the injured worker reported constant right shoulder pain which radiated down the arm to the hand. Associated symptoms include numbness and tingling. The injured worker also reported constant right wrist pain. Physical examinations of the right shoulder revealed diffuse tenderness to palpation and negative special orthopedic testing of the shoulder. Right wrist examination revealed no palpable tenderness, a decreased grip and negative special testing of the wrist. The treating physician's plan of care included a request for a urine drug screen and an x-ray (body part not provided).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Urine Drug Screens.

**Decision rationale:** MTUS and ODG guidelines recommend drug screening when long term opioids are utilized. There are no records sent that document the use of daily opioid medications. An AME evaluation performed in June 2014 states that no oral medications are being utilized and there is no contradictory evidence regarding this issue that has been provided for review. Without the initiation or use of opioid medications, urine drug screens are not supported by Guidelines. At this point in time with the records reviewed the urine drug screen is not supported by Guidelines and is not medically necessary.

**X-ray (body part not provided):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-26.

**Decision rationale:** MTUS Guidelines recommend that a specific level of medical evaluation/assessment be completed before testing is performed. In the records reviewed there is no updated information that provides justification for x-rays. The AME evaluation that is available for review did not indicate that additional x-rays were medically necessary and there is no additional information to contradict this opinion. At this point in time with the information available for review the non-specific request for x-rays is not supported by Guidelines and is not medically necessary.