

<b>Case Number:</b>	CM15-0080248		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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, North Carolina

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 28 year old female who sustained an industrial injury on 1/30/14. Treatments include: medication, TENS unit, physio therapy, acupuncture and surgery. Primary treating physician's progress note dated 3/31/15 reported complaints of pain in the thoracic spine, right shoulder, right wrist, left wrist and right hand. Diagnoses include: thoracic musculoligamentous injury, thoracic sprain/stain, right AC joint sprain/strain, right shoulder myoligamentous injury, right shoulder sprain/stain, right and left triangular fibrocartilage tear, right and left wrist sprain/stain, left wrist tenosynovitis, status post surgery left wrist. Plan of care includes: continue medication, cold/heat therapy unit 2 times per day for 15-20 minutes for thoracic spine, right shoulder, right and left wrist and right hand, TENS unit 2 times per day for 15-20 minutes, refer to orthopedic surgeon, refer to urine analysis testing, request MRI, request x-ray, treatment - ESWT for right and left wrist and physio therapy 1 time every 6 weeks. Work status: remain off work until 5/15/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine analysis testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15791892>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**Decision rationale:** The request is for a "urine analysis" in a chronic pain patient with multiple orthopedic diagnoses including thoracic musculoligamentous strain, right AC joint sprain/strain, right shoulder myoligamentous injury, right shoulder strain/sprain, etc. It is not clear from the request as to whether a urinalysis or a urine drug screen is being requested. There is no test known as a "urine analysis." If a urinalysis is being requested, there is no evidence of kidney disease requiring this test. If a urine drug screen is being requested, then this is not medically necessary as the patient is not being prescribed opiates. The request as is deemed not medically necessary.