

Case Number:	CM13-0068204		
Date Assigned:	01/03/2014	Date of Injury:	04/30/2012
Decision Date:	08/05/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old male who was injured on 04/30/2012. The mechanism of injury is unknown. Progress report dated 10/31/2013 indicates the patient complained of right shoulder pain associated with some weakness and restricted range of motion. Objective findings on exam revealed pain range of motion of the right shoulder with flexion being limited to 110 degrees and abduction to 90 degrees. There is tenderness to palpation over the acromioclavicular joint. Diagnoses are history of rotator cuff tear on the right; right shoulder impingement syndrome; history of partial biceps tear on the right, right moderate acromioclavicular joint arthritis, and status post right shoulder surgery. The patient was instructed to continue home exercise program and Terocin lotion, Genocin, and Celebrex. Prior utilization review dated 12/11/2013 states the request for urinalysis is not authorized as there is no updated information for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

Decision rationale: According to ODG guidelines, frequency of urine drug testing should be based upon risk stratification for drug abuse or aberrant behavior. Patients at low risk should be tested on an annual basis. Patients at moderate risk should be tested 2 to 3 times per year. Patients at high risk may be tested monthly. This is a request for urinalysis, apparently for drug testing, for a 65-year-old male injured on 4/30/12 with chronic R shoulder pain status post R shoulder surgery. A 10/31/13 clinic note states that it is the office policy to perform screening urinalyses periodically to assure medication compliance. However, no specific rationale is provided with regard to this patient. There is no documentation of moderate to high risk of drug abuse or aberrant behavior. The patient does not appear to be prescribed Opioids. Medical necessity is not established.