

Case Number:	CM14-0146863		
Date Assigned:	09/12/2014	Date of Injury:	11/29/2012
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 49-year-old female with an initial date of injury of November 29, 2012. The mechanism of injury was continuous physical trauma which occurred in the context of the workers occupation as a clerk. The assented body regions include the neck, thoracic spine, shoulder, elbow, wrist, and left ankle. The patient has diagnoses of cervical degenerative disc, cervical radiculopathy, chronic left ankle ligamentous strain, and thoracic ligamentous and muscular strain. The patient has developed associated stress, anxiety, depression, and insomnia. The disputed requests are for bilateral shoulder ultrasound and random urine drug sample. The utilization process had determined that the shoulder ultrasound was not warranted because guidelines do not recommend therapeutic ultrasound. The request for random urine toxicology testing was not recommended because there was "no documentation or of provider concern over patient use of illicit drugs or noncompliance with prescription medication." The utilization reviewer further noted that current medications listed are not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder ultrasound QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Imaging Section

Decision rationale: It is not clear from the submitted documentation what the rationale for bilateral shoulder ultrasound is. If it is for therapeutic purposes, the guidelines do not recommend therapeutic ultrasound. If it is for diagnostic purposes, the patient already has prior MRI of the shoulder which is considered the diagnostic imaging modality of choice. This request is not medically necessary.

Random Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Criteria for use. Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 76-80.

Decision rationale: The injured worker in this case, based upon the submitted documentation, it is not stated in any recent progress note to be on controlled substances. Progress notes do not discuss with medications the patient is being prescribed. This includes a note on date of service April 7, 2014, April 8, 2014, and May 6, 2014. If the patient is on controlled substances, there is no documentation of risk stratification, which would guide frequency of urine drug testing. Given this, this request is not medically necessary.