

Case Number:	CM14-0164073		
Date Assigned:	10/08/2014	Date of Injury:	01/22/2009
Decision Date:	11/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 64-year-old female who reported an injury on 01/22/2009 while working as a teacher. She walked through a puddle of water, slipped and landed on the left side of her body, injuring her left thumb and wrist. She had immediate pain to the left thumb, left shoulder, left buttocks, left knee, left toes, and lower back. The injured worker had diagnoses of neck pain, left shoulder pain, left hand pain, mid back pain, left foot pain, and anxiety. The prior surgeries included a left shoulder arthroscopic which she did poorly; and had an adhesive capsulitis requiring manipulation under anesthetic.. Medications included Tylenol and glucosamine. The physical examination dated 08/01/2014 of the cervical spine revealed left cervical muscle guarding and tenderness, a positive axial head compression, range of motion with flexion at 50 degrees bilaterally and extension 50 degrees bilaterally. The objective findings of the shoulder revealed no atrophy or deformities, and no weaning of the scapula. There was left acromioclavicular joint tenderness and left supraspinatus tendon tenderness. Range of motion revealed a forward flexion of 180 degrees on the right and 160 degrees on the left, with external rotation of 90 degrees on the right and 90 degrees on the left; abduction was 180 degrees on the right and 160 degrees on the left; internal rotation was 80 degrees on the right and 70 degrees on the left. Impingement sign was positive to the left shoulder; all other tests were negative. Examination of the elbow revealed no tenderness to the lateral epicondyle or the medial epicondyle, olecranon bursa, or Arcade of Frohse to palpation. Range of motion was within normal limits. The inspection of the wrist revealed a well healed left thumb and wrist incision, with tenderness over the left first CMC joint. Range of motion was within normal limits. Upper extremity reflexes were 2+ bilaterally. The lumbar spinal examination revealed diffuse muscle guarding and no other abnormalities were noted. The treatment plan included 4

urine drug tests. The Request for Authorization dated 10/08/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test, quantity of four: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test, Page(s): 43.

Decision rationale: The request for urine drug test, quantity of 4 is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risks of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behavior, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is no evidence of opioid usage. As such, the request is not medically necessary.