

Case Number:	CM14-0085188		
Date Assigned:	07/23/2014	Date of Injury:	01/23/2009
Decision Date:	10/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery, 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 61-year-old gentleman who was reportedly injured on January 23, 2009. The mechanism of injury is noted as a slip and fall. The most recent progress note dated April 1, 2014, indicates that there are ongoing complaints of right shoulder pain rated at 5/10. The physical examination demonstrated decreased range of motion with forward flexion to 175, abduction to 160, external rotation to 90, and internal rotation to 80. The right shoulder was diffusely tender. Previous treatment includes a right shoulder arthroscopy to include a subacromial decompression and debridement and a home exercise program. A request was made for a urine drug screen and was not certified in the pre-authorization process on March 13, 2014.

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 Urine Analysis; Guidelines for chronic use of Opioids Page(s): 78.

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

Decision rationale: The California Medical Treatment utilization Schedule Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in

patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for urine drug screen is not considered medically necessary.