

Case Number:	CM14-0087460		
Date Assigned:	07/23/2014	Date of Injury:	06/23/2009
Decision Date:	09/19/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/11/2014

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 28-year-old female who reported an injury on 06/23/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 06/04/2014 indicate a diagnosis of tear of the triangular fibrocartilage complex status post repair on 08/12/2010, right lunotriquetral atrocious ligament, right shoulder pain, complex regional pain syndrome, status post CRPS of the right side. The injured worker reported pain in the right shoulder on a scale of 7/10 to 8/10. She reported she felt extreme poking sensation, also tightness and tension of the muscles. The injured worker reported her pain was not under control with the medication. On physical examination of the right shoulder, there was no tenderness in the subacromial space, tension of the acromioclavicular joint and greater tuberosity of the shoulder was painless. However, the injured worker had restricted range of motion on the right shoulder. The injured worker as hardly able to get to 110 degrees in the abduction, internal and external rotation was restricted. The injured worker's treatment plan included a prescription for Norco, authorization for MRI, followup visit in 5 weeks. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for a urine toxicology screen and MRI of the right shoulder without contrast. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014).

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

Decision rationale: The request for urine toxicology screen is not medically necessary. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. Therefore, the request for a urine toxicology screen is not medically necessary.

MRI of the Right Shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: The request for MRI of the right shoulder without contrast is not medically necessary. The CA MTUS/ACOEM guidelines recommend an MRI of the injured worker's shoulders if there is a physical examination demonstrating rotator cuff tear, labral tears and adhesive capsulitis. The Official Disability Guidelines recommend magnetic resonance imaging (MRI) for an acute shoulder trauma, or a suspect rotator cuff tear/impingement. If the injured worker is over the age of 40; and/or normal plain radiographs. Indication for an MRI is if the injured worker has sub-acute shoulder pain, and/or suspect instability/labral tear. The documentation submitted did not indicate the injured worker had findings that would support he had a rotator cuff tear, labral tear, or adhesive capsulitis. In addition, the documentation submitted did not indicate the injured worker's shoulder was unstable. Therefore, the request for an MRI of the right shoulder without contrast is not medically necessary.