

Case Number:	CM14-0089615		
Date Assigned:	07/25/2014	Date of Injury:	06/16/2009
Decision Date:	09/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Louisiana. 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 62 year old female who was injured on 06/16/2009. The mechanism of injury is unknown. Prior treatment history has included acupuncture sessions. Progress report dated and RFA dated 02/20/2014 documented the patient to have complaints of pain and discomfort in the left shoulder that is described as aching and soreness in nature and she rates the pain as 5/10. She reported intermittent pain and discomfort in the right shoulder that is described as aching in nature and rates it as a 3/10. The pain is greater in the lumbar spine than the right shoulder. She is also complaining of pain and discomfort in the left elbow and forearm that is achy in nature and rated it as a 4/10. There is pain and discomfort in bilateral hands and wrists with associated numbness rated as 2/10. No objective findings are documented in this report. She is recommended for MRI of left shoulder; acupuncture as it has helped her in the past with range of motion and pain level. The patient is noted to be taking Vicodin and Motrin; therefore a urine drug screening is requested to evaluate the efficacy of her medication regimen. Progress report dated 04/22/2014 states the patient complained of left shoulder pain rated as 4/10 and that it is on and off in nature. She has pain with reaching, holding, and lifting above her shoulder level. Objective findings on exam revealed pain with range of motion of the left shoulder. Left shoulder flexion is 120 degrees and extension is 30 degrees. The patient is diagnosed with chronic strain, left shoulder; lateral epicondylitis of right elbow; and chronic strain of the left elbow. Prior utilization review dated 05/30/2014 states the request for MRI of Left shoulder is denied as medical necessity has not been established; Acupuncture Sessions Left Shoulder/Elbow is denied as medical necessity has not been established; and Urine Drug Test is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder, Special Studies and Diagnostic and Treatment considerations Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

Decision rationale: CA MTUS/ACOEM guidelines indicate that for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. There are no objective findings of positive provocative signs or positive instability in the left shoulder that would justify the need for imaging study. Based on the lack of supporting documentation this request is not medically necessary at this time.

Acupuncture Sessions Left Shoulder/Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Acupuncture.

Decision rationale: According to CA Acupuncture MTUS guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical therapy and/or surgical intervention to hasten functional recovery. The guidelines recommend a trial period of 3 to 6 treatments. The supporting documentation indicates the patient has received acupuncture from 12/14/13 to 03/17/14 with benefits. However, the supporting documentation does not specify the number of sessions completed to date. There is also no indication that the request will be used in conjunction to physical rehabilitation and/or surgical intervention to hasten functional recovery. Based on the lack of supporting documentation, this request is not medically necessary at this time.

Urine Drug Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug screening.

Decision rationale: CA MTUS guidelines notes that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines states that UDT is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The supporting documentation indicates that on 11/27/13, the patient was certified for a 10 panel random urine drug screen. However, the comprehensive test results of this approved drug screen have not been submitted for review. There is also no documentation of clear rationale as to why the patient would require additional drug screening as there is no documented aberrant behavior, or sign of drug misuse, or any other documentation indicating that the patient was at anything other than minimal risk for medication misuse. Based on the lack of supporting documentation this request is not medically necessary at this time.

Urine Drug Testing Record Review: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug testing.

Decision rationale: CA MTUS guidelines notes that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines states that UDT is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The supporting documentation indicates that on 11/27/13, the patient was certified for a 10 panel random urine drug screen. However, the comprehensive test results of this approved drug screen have not been submitted for review. There is also no documentation of clear rationale as to why the patient would require additional drug screening as there is no documented aberrant behavior, or sign of drug misuse, or any other documentation indicating that the patient was at anything other than minimal risk for medication misuse. Based on the lack of supporting documentation this request is not medically necessary at this time.