MAXIMUS Federal Services

Case Number:	CM14-0094463		
Date Assigned:	07/25/2014	Date of Injury:	09/18/2012
Decision Date:	10/10/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59 year old male who was injured on 9/18/12. He was diagnosed with left shoulder pain, right shoulder rotator cuff tendinitis, cervical radiculopathy, and chronic neck pain syndrome. He was treated with NSAIDs, opioids, muscle relaxants, injections, chiropractor treatments, surgery (right and left shoulders), heat, and physical therapy. On 5/21/14, the worker was seen by his secondary treating physician reporting his left shoulder improving 80% after physical therapy, but with lingering left shoulder pain with radiation to hand with numbness. He also reported slow improvement in his right shoulder. Left shoulder range of motion examination revealed: flexion 170/180, extension 40/50, abduction 175/180, adduction 35/40, internal rotation 60/80, and external rotation 70/90. Right shoulder range of motion examination revealed: 160/180, extension 45/50, abduction 160/180, adduction 30/40, internal rotation 60/80, and external rotation 60/90. The worker was then recommended to continue his medications, chiropractor treatments, and home exercises. Soon afterward, a request was made for a urine toxicology screening and "range of motion".

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: The MTUS ACOEM Guidelines for shoulder complaints includes basic manual range of motion testing (active and passive) as part of a standard physical exam. Range-of-motion measurements of the shoulder do have somewhat limited value as there is variation among persons, but may be helpful comparing before and after treatment to assess improvement. The MTUS does not comment on any computerized range-of-motion testing. The request made for this worker for "range of motion" is vague. It is unclear if the provider manually measured the range of motion in the shoulders or if an instrument was used such as a goniometer or inclinometer. Regardless of the method used, range of motion is just as helpful done manually which should not cost extra. Also, without further detail specifying the method of range of motion testing, it becomes not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. There was no evidence in the case of this worker that suggested he had issues of abuse or addiction or any other concerning behaviors that would warrant drug testing. Therefore, the urine toxicology screen is not medically necessary.