

Case Number:	CM14-0139750		
Date Assigned:	09/05/2014	Date of Injury:	05/24/2011
Decision Date:	06/12/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial/work injury on 5/24/11. She reported initial complaints of right elbow and arm pain with subsequent left elbow pain. The injured worker was diagnosed as having right elbow tendinitis. Treatment to date has included medication, diagnostics to include urine drug screen on 3/19/14, 5/19/14), orthopedic consultation, physical therapy, and steroid injections. MRI results were reported on 5/22/13 revealed one to 2 mm disc protrusions from C4-5 through C6-7 causing slight C4-5 and C6-7 canal stenosis suspicious for congenital canal stenosis and left C4-5 neuroforaminal encroachment aggravated by asymmetric facet/ligamentum flavum hypertrophy. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 5/21/13 revealing sensory demyelinating polyperipheral neuropathy. Currently, the injured worker complains of right foot pain rated 6/10, left foot pain rated 7/10, and right elbow pain rated 6/10, left elbow pain rated 6/10, low back pain rated 5/10, and neck pain rated 5/10. Per the primary physician's progress report (PR-2) on 5/2/14, reported right elbow tender to palpation consistent with tendinitis, with other symptoms unchanged. The requested treatments include 1 quantitative urine drug screen and 1 range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 quantitative urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); regarding drug screens; Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long term use Page(s): 88.

Decision rationale: The claimant has chronic elbow pain and has been prescribed opioids for chronic pain. The request is for a urine drug screen (UDS). CA MTUS does recommend UDS on patients taking opioid therapy. Frequent UDS are recommended in patients at high risk of abuse/misuse of opioids. This patient had 2 previous drug screens in March and May of 2015. She is not at high risk. Thus there is no indication for such frequent UDS and the request is not medically necessary.

1 range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation No evidence based literature found.

Decision rationale: The request is for computerized range of motion testing of the elbow in a patient with chronic elbow pain. The CA MTUS, ODG and National Clearinghouse Guidelines do not address evidence-based guidelines for ROM testing of the elbow. There is no rationale provided stating why standard ROM with a goniometer cannot provide valid ROM measurements in this patient. Therefore, the request is not medically necessary.