

Case Number:	CM14-0214673		
Date Assigned:	01/07/2015	Date of Injury:	12/01/2011
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female with an injury date of 12/01/11. Based on the progress report dated 10/27/14 provided by treating physician, the patient complains of pain in her left shoulder and thumb rated 6/10 and described as constant and burning. Patient is status post left shoulder arthroscopic rotator cuff repair on 01/14/14, status post right shoulder decompression in April 2013. Physical examination dated 10/27/14 revealed tenderness to palpation to the anterolateral border of the bilateral acromion, crepitus in the left shoulder, and mild atrophy of the right deltoid. The patient is currently prescribed Atenolol and Tylenol with codeine. As of 10/27/14 patient is temporarily totally disabled. Diagnostic imaging was not included with the documentation provided. Diagnosis 10/27/14- Impingement syndrome, left shoulder- Complete rupture of rotator cuff, right- S/P Rotator cuff repair 01/14/14The utilization review determination being challenged is dated 12/04/14.Treatment reports were provided from 02/06/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index 9th Edition (web) 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain in her left shoulder and thumb rated 6/10 and described as constant and burning. Patient is status post left shoulder arthroscopic rotator cuff repair on 01/14/14, status post right shoulder decompression in April 2013. The request is for urinalysis testing. Physical examination dated 10/27/14 revealed tenderness to palpation to the anterolateral border of the bilateral acromion, crepitus in the left shoulder, and mild atrophy of the right deltoid. The patient is currently prescribed Atenolol and Tylenol with Codeine. As of 10/27/14 patient is temporarily totally disabled. Diagnostic imaging was not included with the documentation provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater has not provided a reason for the request. The documentation provided does not include results or discussion of any urinalysis performed to date (an initial screen would be justified, per ODG guidelines). Review of the reports do show that the patient was prescribed T#3 as of 10/27/14 although duration of the medication use is not known. Given the patient's opiate prescription, UDS would be appropriate. The request is medically necessary.