

<b>Case Number:</b>	CM14-0215480		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant with reported industrial injury on August 17, 2013. Exam note November 4, 2014 demonstrates the claimant underwent right shoulder surgery July 18, 2014. There is a complaint of the thoracic spinal pain rated as a 4/10 and lumbar spinal pain and left shoulder pain rated as a 3/10. Laboratory report from November 4, 2014 demonstrates no medications have been prescribed. Request is made for urine chromatography the as well as a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Urine chromatography:** 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 Toxicology Page(s): pages 94-95.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, Opioids, steps to avoid misuse/addiction The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. In this case there is insufficient evidence from the exam note of 11/4/14 of chronic opioid use or evidence of drug misuse to warrant urine toxicology. In addition multiple drug screens were obtained in the cited records. Therefore the determination is for non-certification.

**Associated surgical service: Functional capacity evaluation 1 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Functional Capacity Evaluation

**Decision rationale:** The California MTUS does not specifically address functional capacity evaluations. According to the Official Disability Guidelines regarding FCE, recommended prior to admission to a Work Hardening (WH) Program. Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. In this case it is unclear from the exam note of 11/4/14 if the claimant has had unsuccessful attempts at return to work or if the claimant is approaching maximal medical improvement. Therefore the determination is for non certification.