

Case Number:	CM15-0108499		
Date Assigned:	06/15/2015	Date of Injury:	10/03/2012
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 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 58 year old female, who sustained an industrial injury on 10/03/2012. She reported injuries to her left wrist, left knee, left big toe, and left shoulder after a fall at work. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having history of chronic right lateral epicondylitis, history of chronic neck pain, history of right middle finger flexor tenosynovitis, history of chronic left shoulder pain and weakness status post multiple surgeries, left shoulder and left wrist strain with recurrent tear of the subscapularis tendon, and status post left shoulder open subscapularis tendon reconstruction. Treatment and diagnostics to date has included left shoulder surgeries, physical therapy, left shoulder x-ray showed no significant decrease in the glenohumeral joint space, cortisone injections, and medications. In a progress note dated 03/27/2015, the injured worker presented with complaints of left shoulder pain. Objective findings include some diffuse atrophy of the supraspinatus fossa with pain over the acromioclavicular joint. The treating physician reported requesting authorization for retrospective urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (DOS 04/01/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine
toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.