

Case Number:	CM15-0114701		
Date Assigned:	06/23/2015	Date of Injury:	01/04/2013
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: California
 Certification(s)/Specialty: Internal Medicine

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 51-year-old female who sustained an industrial injury on 1/4/2013 resulting in complaints of right hand, wrist, forearm and elbow pain. The injured worker was diagnosed with carpal tunnel syndrome and tenosynovitis of the right hand and wrist. Most recent diagnosis related to this injury on Qualified Medical Evaluation 4/15/2015 is Resolved Right Wrist de Quervain's stenosing tenosynovitis. Treatments included wrist stabilization, physical therapy, and pain medication. The injured worker reported improvement including relief from pain. The injured worker has reported subsequent left shoulder pain, for which the treating physician's plan of care includes medication and a urine drug screen. The QME evaluation of 4/15/15 has stated that the left shoulder injury is non industrial. Injured worker is able to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section Page(s): 43, 76, 77.

Decision rationale: The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. However, in this patient the drug screen and treatment is being prescribed for the left shoulder which is a non industrial injury. Therefore, the UR is justified in its denial of the request. The request is not medically necessary.