

Case Number:	CM14-0140897		
Date Assigned:	09/10/2014	Date of Injury:	06/06/2011
Decision Date:	10/20/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 50-year-old female was reportedly injured on June 6, 2011. The most recent progress note, dated July 16, 2014, indicated that there were ongoing complaints of bilateral shoulders pain and weakness on the right greater than the left side. Current medications include Flexeril and ibuprofen. The physical examination demonstrated weakness of the right shoulder with the supraspinatus strength rated at 4/5. An examination of the left shoulder revealed tenderness at the anterior lateral aspect and over the subacromial region. There was a positive bilateral impingement testing for both shoulders. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right shoulder arthroscopy and physical therapy. A request had been made for a magnetic resonance imaging of the bilateral shoulders and a urine toxicology screening and was not certified in the pre-authorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the bilateral shoulders without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging, Updated August 27, 2014

Decision rationale: According to the Official Disability Guidelines, a repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The progress note, dated July 16, 2014, only revealed slightly decreased range of motion and strength of both shoulders. As such, this request for an MRI of the bilateral shoulders without contrast is not medically necessary.

Repeat Urine toxicology testing or screening done 7/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing: Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. A review of the medical records does not indicate any high risk behavior, previous abuse or misuse of medications. Additionally, it is not stated that the injured employee is currently prescribed any opioid medications. This request for urine toxicology screening is not medically necessary.