MAXIMUS Federal Services

Case Number:	CM13-0014263		
Date Assigned:	10/11/2013	Date of Injury:	02/01/2011
Decision Date:	07/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

This patient is a 29 year old female with a date of injury on 2/01/2011. Diagnoses include elbow/arm sprain, wrist sprain/strain, and enthesopathy of wrist and carpus. Subjective complaints are of numbness, pain and loss of mobility in both hands. Prior treatments include acupuncture, and physical therapy. Physical exam shows swelling at the dorsum of both wrists, limited range of motion in all fingers in flexion and extension, and wrist decreased range of motion. Prior imaging includes x-rays of wrist/hand which was normal, and wrist MRI which only showed small joint effusion. Records show referral to rheumatologist in 2012, but there is no indication this was done. Electrodiagnostics from 2012 were normal. Office notes indicate suspicion for pain due to rheumatological pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABORATORY WORKUP INCLUDING RA (RHEUMATOID FACTOR), CCP ANTI-TRIBODIES, C-REACTIVE PROTEIN (CRP) AND ERYTHROCYTE SEDIMENTATION (SED RATE): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Presumption Of Correctness.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Clinical Utility of Common Serum Rheumatologic Tests. Am Fam Physician. 2002 March 15; 1073-1081.

Decision rationale: CA MTUS and the ODG do not address the need for rheumatological testing, therefore other evidence based peer-reviewed guidelines were consulted. Guidelines indicate that serum rhumatologic tests are generally most useful for confirming a clinically suspected diagnosis. For this patient, bilateral hand and wrist pain with some visible swelling is documented in spite of a negative MRI and electrodiagnostic studies. This pattern suggests a diagnostic suspicion of an inflammatory condition that could be further defined by rheumatologic testing. The medical necessity of testing is established, therefore is medically necessary.