

<b>Case Number:</b>	CM13-0022603		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	07/04/2008
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 patient is a 51-year-old male who reported an injury on 07/04/2008. The mechanism of injury was noted to be that the patient was on a ladder that started to fall, the patient grabbed out with his right hand to prevent the fall, and there was a steel wire that punctured the patient's right wrist. The patient underwent a carpal tunnel release in 2010. The documentation dated 08/12/2013 revealed the patient had upper extremity pain with more pain in the right hand. The patient's medications were Norco, Ultracet, and Relafen. The plan included a rheumatology consultation and labs. The request was made for labs, CBC, chem Panel, and rheumatoid factor. The original request was not provided for review. The diagnosis included possible rheumatoid arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LAB FOR CBC, CHEM PANEL, AND RHEUMATOID FACTOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: NATIONAL COLLABORATING CENTRE FOR CHRONIC CONDITIONS. RHEUMATOID ARTHRITIS: THE MANAGEMENT OF RHEUMTOID ARTHRITIS IN ADULTS. LONDON (UK): NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE): 2009 FEB. 35 P.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LABORATORY TESTING , NSAIDS Page(s): 70. Decision based on Non-MTUS Citation LABTESTSONLINE.

**Decision rationale:** California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The guidelines do not address rheumatoid factor. As such, secondary laboratory information was sought. Per labtestsonline.org, "The rheumatoid factor (RF) test is primarily used to help diagnose rheumatoid arthritis (RA) and to help distinguish RA from other forms of arthritis or other conditions that cause similar symptoms." The clinical documentation submitted for review failed to indicate a documented rationale for the requested testing. The documentation submitted for review additionally failed to indicate the patient had signs or symptoms of rheumatoid arthritis. Given the above, the request for 1 lab for CBC, Chem panel, and rheumatoid factor is not medically necessary. Disclaimer: MAXIMUS