MAXIMUS Federal Services

Case Number:	CM13-0022858		
Date Assigned:	06/06/2014	Date of Injury:	12/30/2012
Decision Date:	07/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/11/2013

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 Illinois. 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 injured worker is a 48-year-old male who reported an injury on 12/30/2012. The mechanism of injury was not provided in the documentation. Per the progress note dated 04/28/2014, the injured worker was status post bilateral carpal tunnel release and bilateral cubital tunnel release of the ulnar nerve. The injured worker reported he currently had no pain to the right hand, wrist, or elbow. The injured worker reported having pain in the left hand and elbow along the scars, described as burning. The injured worker denied numbness or tingling to the right hand or fingers of the right hand, however, he had continued numbness and burning pain in the left hand. On physical examination, there was tenderness over the medial epicondyle and along the scar of the medial aspect of the elbow. There was no tenderness of the right wrist or hand and no swelling of the right elbow, wrist, or hand was noted; however, there was decreased range of motion to both wrists. The range of motion of the right wrist demonstrated dorsiflexion and volar flexion to 50 degrees, and otherwise full range of motion. There was decreased range of motion to the left wrist with dorsiflexion to 50 degrees and volar flexion to 40 degrees with fairly full range of motion; however, there was slight weakness of the left pinch strength to the index finger at 4/5. Strength in the upper extremities was bilaterally similar. Tinel's sign was negative bilaterally. An MRI of the cervical spine performed 08/2013 reported minimal degenerative changes with no stenosis present. The injured worker's diagnoses included bilateral medial and lateral epicondylitis elbows, bilateral ulnar neuropathy status post ulnar nerve decompression, and bilateral carpal tunnel syndrome status post carpal tunnel release. Prior treatments for the injured worker included physical therapy after each surgery and medications. The request for authorization for medical treatment for genetic testing, CMP, CBC, and urinalysis was not provided in the documentation, nor was the provider's rationale for those requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENETIC TESTING FOR PMP22 AND HNPP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: What is Charcot-Marie-Tooth (CMT)?, Charcot-Marie-Tooth Associationhttp://www.cmtausa.org HNPP Symptoms, HNPP.orgwww.hnpp.org/symptoms.htm.

Decision rationale: Per the PMP22 website, PMP22 is also known as Charcot-Marie-Tooth. HNPP is a milder neuropathy, brought on by pressure or trauma to an affected nerve, caused by a heterozygous deletion of the PMP-22 gene. There are various symptoms associated with this disease as there are various types of the disease. The symptoms include slow runners in childhood, high arches, hammertoes, requiring orthotics (braces) for ankle support, varying degrees of hand weakness, problems with balance because of ankle weakness, loss of proprioception, calf wasting, distal weakness, atrophy, sensory loss, and slow nerve conduction. There is a lack of clinical data to support a possible diagnosis of either PMP22 or HNPP. The injured worker is noted to have carpal tunnel and ulnar nerve neuropathy, both improved after surgical intervention. There is a lack of documentation regarding high arches, hammer toes, weak ankles, balance, or proprioception issues to indicate the possibility of the above conditions. The injured worker had weakness in the hands prior to surgery but reported no weakness once the surgical sites healed. The documentation submitted does not indicate the injured worker had findings that would support he is at risk for PMP22 or HNPP. Therefore, the request for genetic testing for PMP22 or HNPP is not medically necessary.

COMPREHENSIVE METABOLIC PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Lab Tests Online-labtestsonline.org.

Decision rationale: Per the California Medical Treatment Utilization Schedule Guidelines, a chemistry profile, including renal and liver function tests, is recommended while utilizing NSAIDs. Per Lab Tests Online, a CMP is part of a routine health exam when being monitored for a specific condition or taking medication that may impact the kidney or liver. There is a lack of documentation regarding what medications the injured worker was utilizing that would indicate the need for this test. The documentation noted a comprehensive metabolic panel was performed on 10/04/2013 with no significant adverse results. The provider did not provide a rationale regarding the need for this test including current medications or a specific condition

being monitored. Therefore, the request for comprehensive metabolic panel is not medically necessary.

COMPLETE BLOOD COUNT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The California MTUS recommends periodic lab monitoring of CBC and chemistry profile, including liver and renal function tests, while taking NSAID's. There has been a recommendation to measure liver transaminase within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There is a lack of documentation regarding what medications the injured worker was utilizing that would indicate the need for this test. There is a lack of documentation regarding the length of time of any medications that would indicate a need for this test. The documentation noted a complete blood count was performed on 10/04/2013 with no significant adverse results. The provider did not provide a rationale regarding the need for this test, including current medications or a specific condition being monitored. Therefore, the request for a complete blood count is not medically necessary.

URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines recommend urinalysis as an option to screen or assess for the use or the presence of illegal drugs. There is a lack of documentation regarding what medications the injured worker was utilizing that would indicate the need for this test. The provider did not provide a rationale regarding the need for this test, including current medications or a specific condition being monitored. There is a lack of documentation regarding any abberant behavior to indicate the need for a urine drug screen. Therefore, the request for urinalysis is not medically necessary.