MAXIMUS Federal Services

Case Number:	CM13-0031675		
Date Assigned:	01/03/2014	Date of Injury:	01/09/2012
Decision Date:	03/19/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant has filed a claim for a trigger finger and trigger thumb associated with an industrial injury of January 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; trigger finger release surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. On July 15, 2013, the applicant was noted to have a normal white count of 8400, normal hemoglobin and hematocrit of 14 and 45, normal serum glucose of 82, normal renal function with creatinine of 0.9, and normal creatine kinase of 81. The CRP was reportedly negative. A progress note of the same date, July 15, 2013, is notable for comments that the applicant had persistent complaints of stiffness and numbness about the thumb. The applicant was described as having paresthesias about the same. Work restrictions were endorsed. It did not appear that the limitations were accommodated. On August 16, 2013, the attending provider wrote that the applicant was not working and that a functional capacity evaluation was therefore needed. Quarterly labs and urine testing were sought. A June 4, 2013 progress note did not make any mention of the need for laboratory testing, either. The July 15, 2013 note in question also made no mention of the need for laboratory testing. None of the progress notes in question refer to or alluded to the applicant's medication list.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPK testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: It is not clearly stated why the testing in question was requested. While the MTUS does not specifically address the topic of CPK laboratory testing, the MTUS Guideline does state that serologic studies for Lyme disease and autoimmune diseases may be indicated in applicants whose symptoms have not resolved in four to six weeks, who have joint effusion. ACOEM further states that a number of applicants with hand and wrist complaints will have associated diseases such as diabetes, hypothyroidism, vitamin B deficiency, and/or arthritis. ACOEM does support testing for these or other comorbid conditions in individuals in whom such diagnoses are suspected. In this case, however, no rationale was attached to the request for authorization for the laboratory testing in question. It is not clearly stated why the test was performed. The applicant's pain appeared to be confined to the thumb tendon/trigger thumb. There was no mention made of a joint effusion or suspicion of any disease process pertaining to the thumb joint or other joints. Therefore, the request remains non-certified, on Independent Medical Review.

C-reactive protein test: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Again, while the MTUS Guideline does support testing for autoimmune diseases and/or rheumatologic processes in applicants in whom such diseases or diagnoses are suspected, as, for instance, those individuals with joint effusions or a history of rheumatologic diseases, in this case, however, no rationale or narrative commentary was attached to the request for authorization. It was not clearly stated why the C-reactive protein test was performed. Again, all of the applicant's symptoms appear to be localized to the thumb tendons and soft tissues. The applicant was given a diagnosis of trigger thumb. There was no specific mention made of any disease process pertaining to the joints, autoimmune disorders, etc. for which C-reactive protein test would have been needed. Therefore, the request is not certified.

CBC test: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: Again, while the MTUS Guideline does support testing for disease processes such as arthritis, arthropathy, diabetes, hypothyroidism, autoimmune diseases, etc. in individuals in whom such pathology is suspected. In this case, however, there is no clearly voiced suspicion of any such systemic disease process for which a CBC test would have been indicated. Therefore, the request is likewise non-certified, on Independent Medical Review.

arthritis panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: As with the other diagnostic tests, again, the MTUS Guideline does support testing for comorbid condition such as arthritis in applicants who have a history suspicious for such diagnostic concerns, in this case, however, no rationale was attached to the request for testing. No clear diagnosis or differential diagnosis was provided on the progress note in question. Therefore, the request remains non-certified on Independent Medical Review.

urine drug test: 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 Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter

Decision rationale: While Page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly furnish a list of those medications which an applicant is taking along with the request for drug testing. The attending provider should also state when the last time the applicant obtained urine drug testing was. The attending provider should also clearly state which drug test and/or drug panels he intends to test for. In this case, these criteria were not met. The applicant's complete medication profile was not attached to the request for urine drug testing. The list of those drug tests and/or drug panels which the attending provided intended to test for was likewise not attached to the request for drug testing. For all of these reasons, then, the proposed urine drug testing remains non-certified, on Independent Medical Review.