

<b>Case Number:</b>	CM13-0034645		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 39-year-old male who reported an injury on 08/10/2011. The mechanism of injury was not provided in the medical records. His diagnoses include carpal tunnel syndrome bilateral, plica syndrome on the bilateral wrists, and epicondylitis laterally to the right. His previous treatments include medications, therapy, and surgery. Within the clinical note dated 09/13/2013, the injured worker had complaints of left knee pain and left and right hand pain. On physical examination of the right wrist and hand, the physician reported the patient was unable to complete a full fist, a positive Tinel's sign, positive Phalen's, and a positive carpal tunnel compression test. On examination of the left wrist, the physician reported the injured worker had decreased sensation to the median nerve distribution with a positive Tinel's, Phalen's, and carpal tunnel compression tests. The physician indicated the patient was a surgical candidate due to being unresponsive to conservative care and nonsurgical treatments. The treatment plan included a request for left endoscopic versus open carpal tunnel release, postoperative occupational therapy, and lab work consisting of a complete blood count and differential, a complete metabolic panel, and a urinalysis with reflex to micro. The current request is for a complete blood count and differential and complete metabolic panel. The rationale was for pre-surgical labs for a left endoscopic versus open carpal tunnel release. The request for authorization form was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC & DIFF:** 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 Official Disability Guidelines (ODG), Low Back, Preoperative lab testing.

**Decision rationale:** The current request for the complete blood count (CBC) and differential is not medically necessary. The Official Disability Guidelines state that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. The clinical documentation indicated the request was for pre surgical labs; however, there was no indication that the injured worker had clinical history, comorbidities, or physical examination findings to support the request. It was not noted the injured worker had a disease process that increased the risk of anemia and was not undergoing a surgical procedure that was anticipated to have significant perioperative blood loss to meet guideline criteria. As such, the request for a complete blood count (CBC) and differential is not medically necessary.

**COMP METABOLIC PANEL:** 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 Official Disability Guidelines (ODG), Low Back, Preoperative lab testing.

**Decision rationale:** The current request for a comprehensive metabolic panel (CMP) is not medically necessary. The Official Disability Guidelines state that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The clinical documentation indicated the request was for pre-surgical labs; however, there was no indication that the injured worker had clinical history, comorbidities, or physical examination findings to support the request. The clinical information did not indicate the injured worker had underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure to meet guideline criteria for the requested testing. As such, the request for a comprehensive metabolic panel is not medically necessary.

