

<b>Case Number:</b>	CM13-0036254		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a who sustained a work related injury that occurred on January 19 2011. According to the note provided on September 30 2013, it was reported that the patient complained of back pain that is improving. She was complaining of arms pain and left shoulder. Physical examination showed left knee reduced range of motion with swelling. The patient was on Lidoderm patch, Norco and oxycodone/acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab test Gamma-glutamyl transferase (GGT):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://labtestsonline.org/understanding/analytes/ggt/lab/testHowisitused?>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carobene, A., et al. (2013). "A systematic review of data on biological variation for alanine aminotransferase, aspartate aminotransferase and gamma-glutamyl transferase." Clin Chem Lab Med 51(10): 1997-2007.

**Decision rationale:** MTUS and ODG guidelines are silent regarding the indication of Gamma-glutamyl transferase (GGT) testing. GGT is a liver enzyme that is elevated in case of liver

damage. There is no documentation in the patient chart of a history of liver damage or ongoing liver disease. Therefore, the request for GGT testing is not medically necessary