

<b>Case Number:</b>	CM13-0052258		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Family Practice and is licensed to practice in Texas. 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 57-year-old female with a reported work-related injury 07/15/2010; the mechanism of injury was a slip and fall. The injured worker had diagnoses including right shoulder chronic impingement syndrome with rotator cuff tendonitis and partial articular surface tear, right knee internal derangement with probable lateral meniscus tear and chondromalacia patella, and right chronic lateral ankle sprain with impingement syndrome. Right shoulder exam showed abduction 90 degrees, forward flexion 90 degrees, and external rotation 70 degrees. Impingement signs are positive on Hawkins and Neer. Right ankle exam showed tenderness over the lateral aspect of the right ankle with pain on inversion stress with slight swelling over the lateral aspect of the ankle. Plan is for injection of Depo-Medrol and Marcaine in the right shoulder, MRI of the right ankle and options in regard to the knee for arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE LAB WORK; CVC W/DIFF, UA, CHEM PANEL, P.T. + PTT (CMP) FOR DOS 4/17/2012:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MERCK MANUAL AT <http://www.merckmanuals.com>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

**Decision rationale:** The Expert Reviewer's decision rationale: The request for the retrospective lab work which included CBC with DIFF, UA, chem panel, P.T., and PTT (CMP) for date of service 04/17/2012 is not medically necessary. Indications for a CBC with differential is to determine general health status, to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer. Indications for a urinalysis is to screen for metabolic and kidney disorders and for urinary tract infections (UTIs). Indications for a chemistry panel is to give your health care provider important information about the current status of your kidneys and liver as well as electrolyte and acid/base balance and levels of blood glucose and blood proteins, to monitor known conditions, such as hypertension, and to monitor the use of medications to check for any kidney- or liver-related side effects. Indications for P.T. + PTT are to check how well the blood-thinning medication (anticoagulant) warfarin (COUMADIN®) is working to prevent blood clots, to help detect and diagnose a bleeding disorder, part of an investigation of a possible bleeding disorder or thrombotic episode and to monitor unfractionated (standard) heparin anticoagulant therapy. The documentation submitted for review failed to provide a clinical note and objective findings for the date of service 04/17/2012 to support the need for the lab work. There was a lab report submitted; however, it was difficult to read and did not have a date of service which included date of collection and date of report. As such, the request is non-certified.