

Case Number:	CM13-0052276		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2012
Decision Date:	04/30/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 patient is a 60-year-old male who reported an injury on 03/21/2012. The mechanism of injury was not provided. The documentation of 09/09/2013 by way of a supplemental report indicated the patient had complaints of pain in the region of his neck and left shoulder and that the patient had a left C7 type of radiculopathy. The patient was noted to have pain and stiffness in the digits of the left hand with an inability to make a fist. The patient indicated he had started exercising the left upper extremity. It was further indicated the patient's hands and wrists are without new findings. The maximal grip was 24 kg in the right hand and 0 kg in the left. The patient could not make a fist and flexed the digits to about the distal palmar crease. The patient had paresthesias in the digits of the hand. The impression was probable left C7 radiculopathy. The treatment plan included a CBC and an arthritis panel as well as a comprehensive metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Laboratory Testing, NSAIDs Page(s): 70.

Decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review failed to provide the documented rationale for the requested service. Given the above, the request for a Complete Blood Count is not medically necessary.

ARTHRITIS 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
[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/CONDITIONS/RHEUMATOID/](http://labtestsonline.org/understanding/conditions/rheumatoid/)

Decision rationale: Per labtestsonline.org, rheumatoid arthritis is a chronic autoimmune disease that causes stiffness, pain, loss of motion, inflammation, and erosion in the joints. There was a lack of documentation indicating what components were being requested in the arthritis panel. There was a lack of documented rationale to support the necessity for testing. Given the above, the request for an arthritis panel 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 Laboratory Testing, NSAIDs.

Decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review failed to provide a documented rationale for the necessity of this test. Given the above, the request for Comprehensive Metabolic Panel is not medically necessary.