MAXIMUS Federal Services

Case Number:	CM13-0056849		
Date Assigned:	12/30/2013	Date of Injury:	07/22/2013
Decision Date:	03/18/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/23/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 25 year old male with a date of injury of 7/22/13. He fell from a roof and sustained a subarachnoid hemorrhage, right distal radius fracture, and left radial head fracture. He required surgical correction. He continues with low grade left elbow and right arm/wrist pain with normal vital signs. He has well healed surgical scars with decreased range of motion. Neurological exam is normal

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veterans Affairs, Department of Defense. VA/DoD clinical practice guidelines for management of concussion/mild traumatic brain injury (mTBI). Washington (DC): Department of Veteran Affairs, Department of Defense; 2009 Apr. 112 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory Studies.

Decision rationale: C-reactive protein is an acute phase reactant that is a marker for inflammation. There was no evidence of active infeciton and no specific indication for the

requested laboratory study. Medical necessity for the requested study was not established. The requested test was not medically necessary.

The request for Chem 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veterans Affairs, Department of Defense. VA/DoD clinical practice guidelines for management of concussion/mild traumatic brain injury (mTBI). Washington (DC): Department of Veteran Affairs, Department of Defense; 2009 Apr. 112 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory Studies.

Decision rationale: A Chem 8 typically includes electrolytes, BUN, creatinine, and glucose testing. Although the claimant had elevated glucose levels at the time of his hospitalization, there was no specific indication for regular testing. The claimant was not on any medications requiring regular monitoring. Medical necessity for the requested study was not established. The requested test was not medically necessary

The request for a hepatic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veterans Affairs, Department of Defense. VA/DoD clinical practice guidelines for management of concussion/mild traumatic brain injury (mTBI). Washington (DC): Department of Veteran Affairs, Department of Defense; 2009 Apr. 112 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory Studies.

Decision rationale: The claimant has no history of liver disease. There was no history of hepatic involvement or complications. Medical necessity for the requested study was not established. The requested test was not medically necessary.

The request for an arthritis panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veterans Affairs, Department of Defense. VA/DoD clinical practice guidelines for management of concussion/mild traumatic brain injury (mTBI). Washington (DC): Department of Veteran Affairs, Department of Defense; 2009 Apr. 112 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Laboratory Studies.

Decision rationale: There was no indication of any arthritic issues regarding the claimant. Arthritis panels are used to investigate the possiblity of inflammatory arthritis. There was no indication or clinical evidence of any autoimmiune joint condition. Medical necessity for the requested study was not established. The requested test was not medically necessary.