

Case Number:	CM13-0068009		
Date Assigned:	06/11/2014	Date of Injury:	11/18/2011
Decision Date:	07/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 and Rehabilitation 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 53-year-old female with a reported injury on 11/18/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 09/27/2013 reported that the injured worker complained of right hand, wrist, elbow, shoulder pain. The physical examination of the injured worker's right shoulder revealed range of motion demonstrated flexion to 160 degrees, abduction to 160 degrees, internal rotation to 40 degrees, and external rotation to 40 degrees. The examination to the right elbow revealed positive Tinel's over the cubital tunnel. The examination to the injured worker's right hand and wrist revealed positive Phalen's, Tinel's, carpal tunnel compression, Finkelstein's. Grip strength was noted at 4-/5. Right hand and wrist demonstrated decreased sensation to the right C6-8 dermatomes to pinprick. The injured worker's prescribed medication list included tramadol ER 15 mg and Prilosec 20 mg. The injured worker's diagnoses included right shoulder impingement - bursitis, right wrist de Quervain's tenosynovitis, right wrist carpal tunnel syndrome, electrodiagnostically supported, right shoulder status post rotator cuff repair 06/06/2012 with [REDACTED], right elbow arthralgia, and right shoulder superior labral tear from anterior to posterior (SLAP) lesion. The provider requested a med panel to evaluate renal and hematic functions, the rationale was not provided in the clinical documentation. The Request for Authorization was submitted on 12/18/2013. The injured worker's prior treatments included home exercises, routine stretching as tolerated, wrist splinting, and corticosteroid injection to the first dorsal extensor compartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESTING: MED PANEL TO EVALUATE RENAL & HEPATIC FUNCTION): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web MD, <http://www.webmd.com/digestive-disorders/tc/liver-function-panel-topic-overview>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: The request for testing med panel to evaluate renal and hepatic function is not medically necessary. The injured worker complained of right shoulder, elbow, wrist and hand pain. The requested provider's rationale for the med panel was not provided. The CA MTUS guidelines 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. Routine blood pressure monitoring is recommended. There was a lack of clinical information indicating the provider's rationale for the lab request. The requesting provider did not indicate which specific NSAID the injured worker uses for anti-inflammation. There was a lack of clinical information indicating the last performed test with results. The guidelines recommend labs to be drawn within 4 to 8 weeks after beginning medication therapy; however, there was a lack of clinical information indicating the start of the medication. Therefore, the request is not medically necessary.