MAXIMUS Federal Services

Case Number:	CM14-0116357		
Date Assigned:	08/06/2014	Date of Injury:	05/13/2010
Decision Date:	09/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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 Nevada. 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 64-year-old female who was reportedly injured on May 13, 2010. The mechanism of injury was noted as a trip and fall type event. The most recent progress note dated July 16, 2014, indicated that there were ongoing complaints of neck pain, low back pain, right shoulder and upper extremity pain. The pain was increased with repetitive motion. The physical examination noted a decreased range of motion of each involved area associated with tenderness to palpation. Diagnostic imaging studies were not reviewed. Previous treatment included arthroscopic shoulder surgery of the right shoulder, multiple medications, postoperative rehabilitative physical therapy and other pain management interventions. A request was made for laboratory studies and was denied in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab - Lipid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principals of Internal Medicine, Edited by Dennis Kasper, MD., et al 16th Edition, 2005 Pages 38-43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, routine monitoring of blood work, after certain medications, are employed can be clinically indicated. But there must be specific clinical indication to support the request. Therefore, when noting the most recent progress notes and there are no complaints relative to hyperlipidemia, it is not clear why this study is being proposed. The medical necessity has not been established.

Lab - Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principals of Internal Medicine, Edited by Dennis Kasper, MD., et al 16th Edition, 2005 Pages 38-43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

Decision rationale: When noting the most recent progress note, the only medication being prescribed is a topical preparation. There was no clinical indication presented of drug abuse, drug diversions, illicit drug use or any other parameter by which a urine drug screening would be necessary. Therefore, based on the clinical information presented for review and by the parameters noted in the guidelines, the medical necessity for this has not been established.

Lab H-Pylori: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principals of Internal Medicine, Edited by Dennis Kasper, MD., et al 16th Edition, 2005 Pages 38-43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, routine monitoring of blood work after certain medications are employed can be clinically indicated. But there must be specific clinical indication to support the request. Therefore, when noting the most recent progress notes and there are no complaints relative to gastrointestinal distress, it is not clear why this study is being proposed. Furthermore, the medical standards are for the gastroenterologist to obtain the specimen and do the appropriate testing. The medical necessity has not been established.

Lab - Serum Amylase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principals of Internal Medicine, Edited by Dennis Kasper, MD., et al 16th Edition, 2005 Pages 38-43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, routine monitoring of blood work after certain medications are employed can be clinically indicated. But there must be specific clinical indication to support the request. Therefore, when noting the most recent progress notes and there are no complaints relative to hyperlipidemia, it is not clear why this study is being proposed. The medical necessity has not been established.

Lab - Lipase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principals of Internal Medicine, Edited by Dennis Kasper, MD., et al 16th Edition, 2005 Pages 38-43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, routine monitoring of blood work after certain medications are employed can be clinically indicated. But there must be specific clinical indication to support the request. Therefore, when noting the most recent progress notes and there are no complaints relative to pancreatitis. As such, it is not clear why this study is being proposed. The medical necessity has not been established.

Lab - Hemoglobin A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Harrison's Principals of Internal Medicine, Edited by Dennis Kasper, MD., et al 16th Edition, 2005 Pages 38-43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, routine monitoring of blood work after certain medications are employed can be clinically indicated. But there must be specific clinical indication to support this request. Therefore, when noting the most recent progress notes and there are no complaints relative to diabetes, and as such, it is not clear why this study is being proposed. The medical necessity has not been established.