

<b>Case Number:</b>	CM14-0170237		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Geriatrics 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 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 27 year old man with a date of injury of 8/15/13. He was seen by his primary treating physician on 8/14/14 with complaints of right wrist pain and fatigue. His exam showed decreased range of motion of 15 degrees in dorsiflexion of the right wrist as compared with the left. He had discomfort at the endpoints of range of motion. His diagnoses included status post crush injury to the right wrist and forearm, resolved and normal EMG and NCV of the right upper extremity on 10/22/13. He was prescribed ibuprofen and omeprazole. Labs were requested to ensure that is safe for him to hepatically metabolize and renally excrete the prescribed medications. At issue in this review is the request for labs: CPK, CRP, Arthritis Panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs (CPK, CRP, Arthritis Panel):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, effective July 18, 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Diagnosis and differential diagnosis of rheumatoid arthritis

**Decision rationale:** At issue in this review is the request for lab / blood work in this injured worker with a history of chronic wrist pain. He had no cardiac, renal, hepatic or rheumatologic symptoms or diagnoses documented. There were no historical or exam findings to expect toxicity or side effects of his newly prescribed medications. He has wrist pain from his work related injury but no evidence of inflammatory arthritis or muscle issues. The physician visit does not substantiate the clinical reasoning or justify why the specific blood work - CPK, CRP, Arthritis Panel is needed as these do not assess renal or hepatic function. The request is not medically necessary.