

<b>Case Number:</b>	CM14-0023911		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Occupational Medicine 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 53 year old female who was injured on 10/01/2009 as she was moving records her right index finger got stuck under a box, as the box was falling, her finger was bent and then crushed. Prior treatment history has included medications as documented in the progress note 12/02/2013 are Naprosyn, Cymbalta and Ambert, Alprazolam, Zolpidem, Hydroxyzine, Dexalan, Phenergan, Fluoxetine. The patient underwent repair of SLAP lesion of left shoulder of unknown date. Diagnostic studies include an x-ray mentioned in a report 01/11/2014 which documented minimum degenerative change of the right index finger, positive for degenerative joint disease. Orthopedic Qualified Medical Re-Evaluation dated 12/02/2013 documented the patient had pain and stiffness in her left shoulder with some numbness. Her right index finger is asymptomatic. Objective findings on examination include decreased range of motion especially in flexion and abduction of the left shoulder. The extension and internal rotation and adduction were normal. Impingement test was mildly positive on the left and negative on the right with negative forced adduction resistance test and supraspinatus isolation test. The range of motion in the index finger was full. Median nerve compression test and Phalen's test were negative bilaterally as was Finklestein's test in both hands. Motor function in upper extremities was graded 5/5 in the biceps, triceps, wrist flexors and extensor and intrinsic of the hand. There were no sensory deficits in the upper extremities and deep tendon reflexes were brisk and symmetrical. She had good grip strength, good thumb to fist and thumb to index finger strength. There was no evidence of atrophy in the upper extremities. The patient was diagnosed with SLAP repair and SLAP lesion of the left shoulder with status post arthroscopic repair and radiculopathy in the left arm. Treatment plan included future orthopedic re-evaluation, medication, physical therapy, injections, MRI scans and surgery for the left shoulder only and future medical care is not necessary for the right index finger. Progress note dated 01/11/2014 documented the patient rated

her pain in the right index finger 5-6/10 on VAS scale. She states it is difficult for her to have a bowel movement. Diagnosis: Traumatic induced injury right index finger and lower abdominal pain and umbilical hernia. Treatment Plan: refer to GI specialist for constipation. Utilization report dated 01/28/2014 states the request for Chem-8, hepatic function panel, CPK, CRP, arthritis panel and CBC was not certified as there is no mention of nonsteroidal anti-inflammatory drugs used in this patient. None of this is supported by the current documentation as medically necessary for testing. The request for x-ray of right index finger was not certified as the claimant has previously had x-rays for evaluation of her injury and no medical indication for repeat x-ray as described. The request for treatment for gastrointestinal specialist regarding lower abdominal and umbilical hernia was not certified as the request for treatment is open-ended and nonspecific and is non-certified at this time. The request for urine drug screen was not certified as there is no documentation provided over patient use of illicit drugs or non-compliance with prescription medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CHEM 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Overview Page(s): 1.

**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: Basic metabolic panel, MedlinePlus a service of the U.S. National Library of Medicine. <http://www.nlm.nih.gov/medlineplus/ency/article/003462.htm>.

**Decision rationale:** The CA MTUS guidelines and ODG do not address the issue in dispute. According to the MedlinePlus, a basic metabolic panel is recommended for evaluation of kidney function, blood acid/base balance, and blood sugar levels. The patient is a 53-year-old female with chronic abdominal pain and multiple chronic musculoskeletal complaints. A request is made for Chem 8. No rationale is provided other than "initial laboratory panels." Medical necessity is not established.

**HEPATIC FUNCTION PANEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64.

**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: Liver function tests, MedlinePlus a service of the U.S. National Library of Medicine. <http://www.nlm.nih.gov/medlineplus/ency/article/003436.htm>.

**Decision rationale:** The CA MTUS guidelines and ODG do not address the issue in dispute. According to the MedlinePlus, liver function test is recommended for evaluation of liver

function, and it includes the following tests: Albumin, Alpha-1 antitrypsin, ALP, ALT, AST, Gamma-glutamyl transpeptidase (GGT), Prothrombin time, Serum bilirubin, Urine bilirubin. The patient is a 53-year-old female with chronic abdominal pain and multiple chronic musculoskeletal complaints. A request is made for hepatic function panel. No rationale is provided other than "initial laboratory panels." Medical necessity is not established.

**CREATINE PHOSPHOKINASE TEST (CPK): 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 Other Medical Treatment Guideline or Medical Evidence: Creatine phosphokinase test, MedlinePlus a service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm>.

**Decision rationale:** The CA MTUS guidelines and ODG do not address the issue in dispute. According to the MedlinePlus, creatine phosphokinase testing is recommended to: diagnose heart attack, evaluate cause of chest pain, determine if or how badly a muscle is damaged, detect dermatomyositis, polymyositis, and other muscle diseases, and tell the difference between malignant hyperthermia and postoperative infection. The patient is a 53-year-old female with chronic abdominal pain and multiple chronic musculoskeletal complaints. A request is made for CPK. No rationale is provided other than "initial laboratory panels." Medical necessity is not established.

**C-REACTIVE PROTEIN TEST (CRP): 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 Other Medical Treatment Guideline or Medical Evidence: C-reactive protein, MedlinePlus a service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>.

**Decision rationale:** The CA MTUS guidelines and ODG do not address the issue in dispute. According to the MedlinePlus, C-reactive protein testing is recommended to: check for flare-ups of inflammatory diseases such as rheumatoid arthritis, lupus, or vacuities determine if anti-inflammatory medicine is working to treat a disease or condition. The patient is a 53-year-old female with chronic abdominal pain and multiple chronic musculoskeletal complaints. A request is made for CRP. No rationale is provided other than "initial laboratory panels." Medical necessity is not established.

**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 Other Medical Treatment Guideline or Medical Evidence: Rheumatoid factor (RF), ESR, Antinuclear antibody panel, Uric acid - blood, C-reactive protein, MedlinePlus, A service of the U.S. National Library of Medicine. <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm><http://www.nlm.nih.gov/medlineplus/ency/article/003548.htm><http://www.nlm.nih.gov/medlineplus/ency/article/003638.htm><http://www.nlm.nih.gov/medlineplus/ency/article/003535.htm><http://www.nlm.nih.gov/medlineplus/ency/article/003476.htm><http://www.muschealth.com/lab/content.aspx?id=150092>.

**Decision rationale:** The CA MTUS guidelines and ODG do not address the issue in dispute. According to the MedlinePlus, arthritis panel is recommended to: aid in diagnosis or check for flare-ups of inflammatory diseases such as rheumatoid arthritis, lupus, or vasculitis, and determine if anti-inflammatory medicine is working to treat a disease or condition. The patient is a 53-year-old female with chronic abdominal pain and multiple chronic musculoskeletal complaints. A request is made for an arthritis panel. No rationale is provided other than "initial laboratory panels." Medical necessity is not established.

**COMPLETE BLOOD COUNT (CBC): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64.

**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: CBC; complete blood count, MedlinePlus; a service of the U.S. National Library of Medicine.<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>.

**Decision rationale:** The CA MTUS guidelines and ODG do not address the issue in dispute. According to the MedlinePlus, CBC is recommended for diagnosis of infections or allergies, detection of blood clotting problems or blood disorders, including anemia, and evaluation of red blood cell production or destruction. The patient is a 53-year-old female with chronic abdominal pain and multiple chronic musculoskeletal complaints. A request is made for a CBC. No rationale is provided other than "initial laboratory panels." Medical necessity is not established.

**X-RAY OF RIGHT INDEX FINGER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Radiography.

**Decision rationale:** According to the CA MTUS and ODG guidelines, radiography of the finger is recommended when there is acute hand trauma or other red flag conditions. The patient is a 53-year-old female with chronic abdominal pain and multiple chronic musculoskeletal complaints. A request is made for right index finger x-ray. However, the patient underwent panel QME on 11/22/14 in which she was noted to be asymptomatic with regard to her right index finger. She had full right index finger range of motion and was determined to have no ratable impairment. She had right index finger x-rays performed in the past. There is no record of interval injury or worsening. Medical necessity is not established.

**TREATMENT WITH A GASTROINTESTINAL SPECIALIST REGARDING LOWER ABDOMEN AND UMBILICAL HERNIA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) , chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503; Official Disability Guidelines (ODG), Hernia, Surgery.

**Decision rationale:** According to CA MTUS guidelines, specialist consultation is appropriate when a diagnosis is complex or treatment may benefit from additional expertise. The patient is a 53-year-old female with chronic abdominal pain and multiple chronic musculoskeletal complaints. A request is made for treatment with a gastrointestinal specialist apparently for lower abdominal pain, hernia, and "difficulty doing BM." No other details are provided. No abdominal examination is provided. The patient has a long history of ongoing abdominal complaints with an extensive work-up and treatment including umbilical hernia repair, detailed in a May 4, 2012 AME report. There is no discussion of interval worsening. There is no discussion of ongoing treatment with an internist or gastrointestinal specialist. Medical necessity is not established.

**URINE DRUG SCREEN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Avoid Misuse/Addiction Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug testing Page(s): 74-96, 43.

**Decision rationale:** According to the CA MTUS guidelines, drug testing is recommended for patients taking opioids on a long-term basis. The patient is a 53-year-old female with chronic abdominal pain and multiple chronic musculoskeletal complaints. She appears to be taking opioids on a chronic basis though no current medication list is provided. A request is made for "initial point of contact urine drug screen." No other rationale is provided. There is no

discussion of high risk of abuse or aberrant behavior. Timing and frequency of prior urine drug screens are not provided. Medical necessity is not established.