

<b>Case Number:</b>	CM14-0028603		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 59-year-old female who sustained repetitive and continuous industrial injuries from 6/1/94 until 2/25/11 as result of her work related activities as a magnetic assembler that resulted in bilateral wrist pain, as well as pain in the neck, the bilateral upper extremities, and the right knee. The patient had symptoms consistent with carpal tunnel syndrome and had undergone release with good results at the time of surgery. However, she later developed regional pain syndrome of her right hand that became unrelenting. She underwent a local block (an injection of plain xylocain) and the color and temperature of the hand changed dramatically becoming almost identical to the non-affected left side per her Orthopedists note dated June 11, 2013. In addition, the patient has tricompartamental chondromalacia, a tear of the posterior horn of the medial meniscus, as well as chondromalacia of the patella for which she needs a total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE QUANTITATIVE CHROMATOGRAPHY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.anatune.co.uk/about/how-does-gas-chromatography-work>.

**Decision rationale:** Gas chromatography is a separation technique in which the constituent components of a sample mixture are subjected to a competitive distribution between two phases: one a moving gas stream and the other a stationary liquid or solid. The separation process is performed by introducing a small aliquot of the analysis sample into a gas stream (the carrier gas) flowing through a tube (called the column) containing the stationary phase. Two different separation mechanisms are used. In adsorption chromatography, the stationary phase is a powdered adsorbent material such as alumina or silica gel, whereas in partition chromatography the stationary phase is a liquid. Following an extensive and thorough review of the provided medical documentation, I find no reason as to why a quantitative chromatography was utilized to perform a laboratory analysis for this patient. There is no medical documentation explaining the request for such procedure or lab analysis. As such, the request is not medically necessary.