

Case Number:	CM14-0052163		
Date Assigned:	07/07/2014	Date of Injury:	04/26/2012
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 43 year-old female with a 4/26/12 date of injury. On the 11/15/13 occupational medicine report from [REDACTED], the patient is reported to have moderate to severe pain in the right upper extremity, described as aching, hypersensitive and burning. It had been 19 months since the onset, and the patient complains of worsening symptoms. He lists the diagnoses as: Other tenosynovitis of hand, wrist; radial styloid tenosynovitis; deQuervains; synovitis and tenosynovitis unspecified. Treatment on 11/15/13 included naproxen 550mg, tramadol 50mg, and toradol 60mg IM. [REDACTED] suspected TOS and referred the patient for orthopedic consult. According to the 3/20/14 orthopedic report from [REDACTED], the patient presents with right hand shaking for the past 3-months. The Diagnosis is right hand tremor etiology unclear. [REDACTED] orders the CBC, Chem 20; and neurology consult. On 3/28/14 UR denied the labs, stating that monitoring of liver and kidney function within 4-8 weeks of starting therapy, and since a neurology consult was requested, the CBC, chem 20 Hgb A1c is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CBC, CHEM 20, Hemoglobin (HGB) A1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, 268-269.

Decision rationale: MTUS/ACOEM Chapter 11 for Forearm, Wrist and Hand complaints, under the Special Studies section, states: "A number of patients with hand and wrist complaints will have associated disease such as diabetes, hypothyroidism, Vitamin B complex deficiency and arthritis. When history indicates, testing for these or other comorbid conditions is recommended" The CBC may show anemia from a Vitamin B disorder, the Chem 20 may provide insight into diabetes as does the Hgb A1c. The request appears to be in direct accordance with MTUS/ACOEM guidelines. Recommend authorization. Therefore the request is medically necessary.