

Case Number:	CM14-0053786		
Date Assigned:	07/07/2014	Date of Injury:	10/16/2012
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 24-year-old male who was reportedly injured on 10/16/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 3/19/2014, indicates that there are ongoing complaints of left foot pain. The physical examination demonstrated left foot pain at the metatarsal base, especially 2 and 3. The exam revealed no crepitus and stable metatarsal joints. Diagnostic imaging studies mention a magnetic resonance image (MRI) which shows stress fractures and metatarsal basis. There is no date or official radiological report for review. Previous treatment includes durable medical equipment, activity modification, and medication. A request was made for laboratory testing to include Cortisol, Hepatitis B surface antibody quantitative, Hepatitis C core antibody, and total antibody. The request was not certified in the pre-authorization process on 4/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory testing to include Cortisol, Hepatitis B surface antibody quantitative, Hepatitis C core, and total antibody tests for the left foot: 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 Non-MTUS Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, specific drug list and adverse effects, Acetaminophen (Updated 6/10/2014).

Decision rationale: Official Disability Guidelines do recommend periodic lab monitoring for injured workers who are taking non-steroidal anti-inflammatory drugs (NSAIDs), Acetaminophen, or other specific drugs. After review of the medical documentation provided, no evidence or documentation was found regarding any medications that the injured worker is currently taking that would require lab monitoring. It is noted that injured worker does have a compensable left foot injury. However, there is no documentation of a condition that necessitates the above requested labs. Therefore this request is deemed not medically necessary or appropriate.