

<b>Case Number:</b>	CM14-0068685		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 52-year-old female with date of injury of 07/09/2013. The listed diagnoses per [REDACTED] dated 04/24/2014 are, left shoulder impingement syndrome, left shoulder acromioclavicular cartilage disorder, left subacromial/subdeltoid bursitis, left bicipital tendinitis, cervical spine sprain/strain, lumbar spine sprain/strain, bilateral elbow sprain/strain and bilateral wrist sprain/strain. According to this report, the patient complains of neck, upper back, left shoulder, left arm, right hand, right arm, right leg, left leg, and face pain. The examination shows the patient has limited range of motion in the cervical spine, barely 50% of full. The left shoulder has an extremely positive Neer's test and positive 90-degree crossover impingement's test including Apley's and Hawkins' Sign. The patient has exquisite tenderness over the anterior portion of the AC joint and the subacromial space. Range of motion is about 50% of full in comparison to the right shoulder. The lumbar spine has limited range of motion. Supine straight leg raise is positive at 50 degrees bilaterally but no radiation noted down the leg. The utilization review denied the request on 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CRP CPK CHEM 8 HEPATIC/ARTHRITIS PANEL COMPLETE BLOOD COUNT:**

Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGE 70. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth.PMH0003974/>; <http://www.ncbi.nlm.nih.gov/pubmed/3262732>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**Decision rationale:** This patient presents with neck, upper back, left shoulder, left arm, right hand, right arm, right leg, left leg, and face pain. The physician is requesting CRP, CPK, and CHEM 8 Hepatic/Arthritis Panel Complete Blood Count. The MTUS, ACOEM, and Official Disability Guidelines do not specifically discuss routine CBC testing's; however, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4-8 weeks after starting therapy, but the interval of repeating lab test after this treatment duration has not been established." The patient's current list of medications includes tramadol, naproxen, omeprazole, and Tizanidine. The progress report dated 04/24/2014 notes that the physician is requesting baseline labs and urine POC to ensure that the patient can safely metabolize and excrete the medications as prescribed. Records do not show that the patient has had any recent CBC testing, and the requested CRP, CPK, Chem 8, CBC is reasonable. Therefore the request is medically necessary.