

Case Number:	CM14-0073130		
Date Assigned:	07/16/2014	Date of Injury:	11/12/2012
Decision Date:	10/07/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 records, presented for review, indicate that this 30-year-old individual was reportedly injured on November 12, 2012. The mechanism of injury was noted as a slip and fall on an outstretched arm. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of wrist pain. The physical examination demonstrated a stable wrist. The surgical wound was fully healed. There was no obvious evidence of reflex sympathetic dystrophy. There was also no hypersensitivity, and range of motion was not tested. Diagnostic imaging studies objectified a fused wrist with metallic fixation plate in place. Previous treatment included left wrist fusion surgery. A request had been made for laboratory studies and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 11/22/2013) lab work: Angiotensin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnostic approach to polyarticular joint pain. Am Fam Physician pages 1151-1160

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: History about the discovery of the renin-angiotensin system". Hypertension 38 (6): 1246-9.

Decision rationale: This is a hormone that causes phases of constriction and subsequently increases in blood pressure. There is no discussion of progress notes reviewed to indicate why the study was being obtained. Therefore based on this and incomplete clinical information, the medical necessity of such an assessment cannot be established.

Retrospective request (DOS 11/22/2013) lab work: HLA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnostic approach to polyarticular joint pain. Am Fam Physician pages 1151-1160

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM guidelines, there is insufficient clinical evidence presented to support the need for such diagnostic laboratory studies. Occasionally, this may be necessary to differentiate between ankylosing spondylitis and other maladies, but that is not a consideration within a wrist fusion surgery. Therefore, based on the lack of clinical rationale in the progress notes, the medical necessity for the study has not been established.

Retrospective request (DOS 11/22/2013) lab work: B27: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnostic approach to polyarticular joint pain. Am Fam Physician pages 1151-1160

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM guidelines, there is insufficient clinical evidence presented to support the need for such diagnostic laboratory studies. Occasionally, this may be necessary to differentiate between ankylosing spondylitis and other maladies, but that is not a consideration within a wrist fusion surgery. Therefore, based on the lack of clinical rationale in the progress notes, the medical necessity for the study has not been established.

Retrospective request (DOS 11/22/2013) lab work: TSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnostic approach to polyarticular joint pain. Am Fam Physician pages 1151-1160

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: Merck Manual of Diagnosis and Therapy, Thyroid gland disorders

Decision rationale: Thyroid stimulating hormone (TSH) is the thyroid gland that produces pyroxene (T4) and triiodothyronine (T 3). There is nothing in the progress notes indicating any concept of a thyroid disease. Therefore, based on the lack of clinical information, there is no medical necessity established for this arbitrary study.

Retrospective request (DOS 11/22/2013) lab work: Vitamin D: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnostic approach to polyarticular joint pain. Am Fam Physician pages 1151-1160

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Measures; Medications-Vitamins.

Decision rationale: There is a specific recommendation against dietary supplements in the treatment of chronic pain situations. Noting that this is a supplement, and there is no narrative presented in the progress notes, there is no medical necessity established in the notes reviewed.