

<b>Case Number:</b>	CM14-0093605		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 50-year-old female was reportedly injured on April 13, 2010. The mechanism of injury is listed as a slip and fall. The most recent progress note, dated May 1, 2014, indicates that there are ongoing complaints of right thumb pain and locking as well as joint pain and stiffness in both hands. The physical examination of the right hand demonstrated triggering of the right thumb and tenderness of the oblique pulley. There was a positive Tinel's test and Phalen's test causing paresthesias in the ulnar nerve distribution. There was a negative Tinel's and positive Phalen's test at the left hand. No triggering of digits on the left hand was noted. There was tenderness at the metacarpophalangeal, proximal interphalangeal, and extensor indicis proprius joints without swelling or warmth. Diagnostic imaging studies are unknown. Previous treatment was not discussed. A request had been made for blood work for rheumatoid factor 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:

**Blood work, Rheumatoid Factor (RF): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, [www.ncbi.nlm.nih.gov/pubmed/22956589](http://www.ncbi.nlm.nih.gov/pubmed/22956589).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.mdguidelines.com/arthritis-rheumatoid/diagnosis>.

**Decision rationale:** According to M.D. Guidelines the symptoms of rheumatoid arthritis include morning joint stiffness that lasts more than an hour, fatigue, fevers, malaise, weakness, loss of appetite, weight loss, and dry sensitive eyes. The most recent progress note dated May 1st 2014, does not state that the injured employee has any of these symptoms as described. Considering this, the request for blood work for rheumatoid factor is not medically necessary.