

Case Number:	CM14-0102053		
Date Assigned:	07/30/2014	Date of Injury:	06/28/2004
Decision Date:	02/11/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] who has filed a claim for chronic hand and wrist pain reportedly associated with cumulative trauma at work first claimed on June 28, 2004. In a June 27, 2014 Utilization Review Report, the claims administrator denied uric acid, C-reactive protein, rheumatoid factor, antinuclear antibodies, and an erythrocyte sedimentation rate. The claims administrator seemingly suggested that its decision was based on non-MTUS Third Edition ACOEM Guidelines. The Texas Guidelines were not, however, incorporated into the report rationale. The claims administrator also referenced progress notes of May 13, 2014 and June 13, 2014 in its determination. The applicant's attorney subsequently appealed. In a May 13, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported persistent complaints of the same. Tenderness was noted about the wrist. The applicant apparently had swelling consistent with a ganglion cyst. The attending provider nevertheless sought MRI imaging to "rule out a ganglion cyst." A rather proscriptive 5-pound lifting limitation was endorsed. It was not stated whether the applicant was or was not working with said limitation in place. In another handwritten note dated June 13, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of hand and wrist pain, 6-7/10, with attendant symptoms of nocturnal numbness about the digits. MRI imaging of the wrist apparently demonstrated some inflammation about the carpal tunnel as well as a dorsal ganglion cyst. Positive Tinel and Phalen signs were noted. The applicant was given diagnoses of ganglion cyst, de Quervain's tenosynovitis, and alleged compartment syndrome. Work restrictions were endorsed. Other "lab screening" was sought, without any associated rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Uric acid quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthritis Panel: CA Medical Treatment Utilization Schedule (MTUS): American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus. Online version: Chronic Pain Disorders\"Antibody levels are recommended to evaluate and diagnose chronic pain with suspicion of rheumatological disorders.\"

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 255, 269.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that a number of the applicants with hand and wrist pains may have comorbidities such as diabetes, hypothyroidism, arthritis, vitamin B complex deficiency and, by implication, gouty arthropathy, ACOEM qualifies its recommendation by noting that testing for these and other comorbid conditions is recommended only when history indicates. Here, however, the applicant's history and clinical presentation were not suggestive of an active gouty arthropathy process. Rather, the handwritten documentation and progress notes of May 13, 2014 suggested that the applicant already had established diagnoses of hand and wrist tenosynovitis, hand and wrist ganglion cyst, and carpal tunnel syndrome. There was no clear statement that the attending provider suspected gouty arthropathy here, which, per ACOEM Chapter 11, Table 11-1, page 255, is characterized by history of inflammatory arthritis and/or painful, swelling, deformed joints, usually without systemic symptoms. Here, again, the applicant's presentation was consistent with a visible and palpable ganglion cyst, hand and wrist tenosynovitis, and carpal tunnel syndrome. Testing for gouty arthropathy via the serum uric acid level at issue was not, thus, indicated. Therefore, the request is not medically necessary.

C-reactive protein quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthritis Panel: CA Medical Treatment Utilization Schedule (MTUS): American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus. Online version: Chronic Pain Disorders\"Antibody levels are recommended to evaluate and diagnose chronic pain with suspicion of rheumatological disorders.\"

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 255, 269.

Decision rationale: The C-reactive protein is a marker of inflammation. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for conditions such as diabetes, hypothyroidism, vitamin B complex deficiency, and/or arthritis/inflammatory arthropathy are indicated in applicants with a suggestive history, in this case, however, the

applicant's clinical presentation and history were not, in fact, suggestive of an active inflammatory arthropathy process for which C-reactive protein testing would have been indicated, as ACOEM Chapter 11, Table 11-1, page 255 notes that inflammatory arthropathies are characterized by clearly evident history of inflammatory arthritis with painful, swollen joints present. Here, the applicant's presentation was not, in fact, suggestive of an inflammatory arthritis or inflammatory arthropathy with painful, swollen joints but, rather, was consistent with a visible, palpable ganglion cyst, clinically evident hand and wrist tenosynovitis, and clinically evident carpal tunnel syndrome. Therefore, the request for C-reactive protein testing is not medically necessary.

Rheumatoid factor quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthritis Panel: CA Medical Treatment Utilization Schedule (MTUS): American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus. Online version: Chronic Pain Disorders\ "Antibody levels are recommended to evaluate and diagnose chronic pain with suspicion of rheumatological disorders.\ "

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for comorbid conditions such as inflammatory arthritis/inflammatory arthropathy is indicated in applicants with hand and wrist complaints with a history suggestive of inflammatory arthritis and/or inflammatory arthropathy, in this case, however, the handwritten progress notes of May 13, 2014 and June 13, 2014 did not establish a history suggestive of inflammatory arthritis and/or inflammatory arthropathy about the hand and wrist but, rather, established diagnoses of a visible ganglion cyst, clinical evident hand and wrist tenosynovitis, and clinically evident carpal tunnel syndrome. The attending provider suggested in his June 13, 2014 progress note that he was performing screening laboratory testing, seemingly in an effort to exclude all possible diagnostic considerations, while implicitly acknowledging that the applicant's presentation was not, in fact, consistent with inflammatory arthropathy or inflammatory arthritis involving the hand and wrist. Therefore, the request is not medically necessary.

Antinuclear antibodies (ANA) quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthritis Panel: CA Medical Treatment Utilization Schedule (MTUS): American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus. Online version: Chronic Pain Disorders\ "Antibody levels are recommended to evaluate and diagnose chronic pain with suspicion of rheumatological disorders.\ "

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 255.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that testing for comorbid conditions such as inflammatory arthropathy is recommended in applicants with hand and wrist complaints in whom history and/or presentation is suggestive of an overlying inflammatory arthropathy/inflammatory arthritic process, in this case, however, the applicant's presentation was, by no means, suggestive or characteristic of inflammatory arthritis or inflammatory arthropathy, which, per ACOEM Chapter 11, Table 11-1, page 255, is characterized by history of inflammatory arthritis and/or associated swelling and deformity about a joint. Rather, the applicant's presentation was suggestive of visible ganglion cyst, clinically evident hand and wrist tenosynovitis, and clinically evident carpal tunnel syndrome. Testing for an inflammatory arthropathy via the ANA antibody screening at issue was/is not indicated in the clinical context present here. Therefore, the request is not medically necessary.

Sedimentation rate quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthritis Panel: CA Medical Treatment Utilization Schedule (MTUS): American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus. Online version: Chronic Pain Disorders\ "Antibody levels are recommended to evaluate and diagnose chronic pain with suspicion of rheumatological disorders.\ "

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 274, 255.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, Algorithm 11-1, page 274 does recommend CBC and ESR testing in applicants in whom there are red flags for infection and/or inflammation evident, in this case, however, as with the other diagnostic tests at issue, the applicant's presentation was not, in fact, suggestive of an inflammatory arthritis or inflammatory arthropathy for which the ESR testing would have been indicated. Rather, the applicant's presentation was compatible with a visible ganglion cyst, clinical evident hand and wrist tenosynovitis, and clinical evident carpal tunnel syndrome. There was no mention of any issues with widespread joint swelling, joint inflammation, and/or a history of inflammatory arthritis or inflammatory arthropathy which characterize the same, per ACOEM Chapter 11, Table 11-1, page 255. Therefore, the request is not medically necessary.