

<b>Case Number:</b>	CM14-0199534		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/16/2008
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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:

Patient is a 27 year-old male with date of injury 08/16/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/17/2014, lists subjective complaints as pain in the right wrist. Objective findings: On physical examination, the patient continued with gross loss of range of motion. There was pain especially with torsion of the wrist. Patient maintained normal grip strengths bilaterally. Mildly tender to palpation over the carpometacarpal bones of the right wrist, as well as over the distal radioulnar space. Diagnosis: 1. Right wrist degenerative joint disease 2. Right wrist crush injury 3. Right wrist pain 4. Status post right wrist open reduction/internal fixation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab tests: CBC, hepatic panel and chem 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define upper extremity pathology except in cases where cancer or infection is suspected as the pain generator or cause of symptoms. The physician states

that he would like to check drug metabolism. There is no previous history of renal or hepatic disease, nor is there an explanation why the studies were ordered at this time. Lab tests: CBC, hepatic panel and chem 8 are not medically necessary.