

<b>Case Number:</b>	CM15-0100705		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 50 year old male, who sustained an industrial injury on 5/23/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having rheumatoid arthritis and diabetic neuropathy. Treatment to date has included diagnostics and medications. Previous labs were submitted (12/2014 and 1/21/2015). Currently (5/11/2015), the injured worker complains of increased pain and stiffness in the feet, hands, hip, knees, shoulders, elbows, and arms. Activity level remained the same. Exam of the shoulders documented negative testing. Exam of the elbows noted tenderness to palpation over the olecranon process. Exam of the wrists revealed deformity. Exam of the knees noted positive Ballotable patella sign. Exam of the foot noted limited lateral foot swelling, normal range of motion and no tenderness to palpation. He was alert and oriented and motor and sensory exams were intact. His body mass index was 29.12%. His diabetes was diagnosed in 2011 and documented as having improved control on insulin. A diagnostics review was documented to show an elevated fasting glucose. His work status was documented as permanent disability. The treatment plan included repeat laboratory testing, noting complete blood count with differential, complete metabolic panel, C-reactive protein, and Erythrocyte Sedimentation Rate, Westergren. His current medication regimen was not documented. A prior progress report (4/17/2015) noted complaints of worsening arthritis with a diagnosis of active rheumatoid arthritis and reason for exam as eosinophilia. The treatment included Methotrexate and Prednisone. Diagnostics were recommended prior to his next appointment on 5/29/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC with auto diff, CMP, C-reactive protein, ESR Westergren:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/>.

**Decision rationale:** This claimant was injured back in 2001. The patient has rheumatoid arthritis and diabetic neuropathy, but the injury mechanism was not described. There were previous labs from 1-21-15. The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. Therefore, the request is not medically necessary.