

<b>Case Number:</b>	CM15-0136108		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 with an industrial injury dated October 14, 2014. The injured worker's diagnoses include status post exploration and removal of metallic objects with debridement of contaminated bone from the left wrist and hand, left wrist pain and motor sensory demyelinating neuropathy at the wrist. Treatment consisted of electromyography (EMG)-nerve conduction study on 03-30-2015, prescribed medications, and periodic follow up visits. In a progress note dated June 17, 2015, the injured worker reported left elbow pain and left wrist pain. The injured worker also reported that he continues to have neuropathic pain and discomfort over the left upper extremity. Objective findings revealed mild discomfort at the endpoints of range of motion and moderate diffuse tenderness to palpitation over the carpal bony structures of the left wrist. The treating physician prescribed Labs: CPK, CRP, arthritis panel, and Hepatic panel, work hardening program and Electromyography (EMG)-NCV of right upper extremity, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: CPK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.labtestsonline.org](http://www.labtestsonline.org).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic.

**Decision rationale:** Per Mayo Clinic, a complete blood count (CBC) is a blood test used to evaluate your overall health and detect a wide range of disorders, including anemia, infection and leukemia. Liver function tests, or a hepatic panel, are blood tests used to help diagnose and monitor liver disease or damage. The tests measure the levels of certain enzymes and proteins in your blood. An arthritis panel includes blood tests to determine the presence of an inflammatory process in the body or factors indicated arthritis. A chem 8 panel is a blood test that measures glucose level, electrolyte and fluid balance, and kidney function. CPK is measured to identify injury to the heart muscle, and CRP is utilized to check for swelling or heart disease. The documentation submitted for review lacks indication for CPK testing. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for CBC and Chem 8.

**Labs: CRP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.labtestsonline.org](http://www.labtestsonline.org).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic.

**Decision rationale:** Per Mayo Clinic, a complete blood count (CBC) is a blood test used to evaluate your overall health and detect a wide range of disorders, including anemia, infection and leukemia. Liver function tests, or a hepatic panel, are blood tests used to help diagnose and monitor liver disease or damage. The tests measure the levels of certain enzymes and proteins in your blood. An arthritis panel includes blood tests to determine the presence of an inflammatory process in the body or factors indicated arthritis. A chem 8 panel is a blood test that measures glucose level, electrolyte and fluid balance, and kidney function. CPK is measured to identify injury to the heart muscle, and CRP is utilized to check for swelling or heart disease. The documentation submitted for review lacks indication for CRP testing. The request is not medically necessary.

**Labs: Arthritis panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.labtestsonline.org](http://www.labtestsonline.org).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic.

**Decision rationale:** Per Mayo Clinic, a complete blood count (CBC) is a blood test used to evaluate your overall health and detect a wide range of disorders, including anemia, infection and leukemia. Liver function tests, or a hepatic panel, are blood tests used to help diagnose and monitor liver disease or damage. The tests measure the levels of certain enzymes and proteins in your blood. An arthritis panel includes blood tests to determine the presence of an inflammatory process in the body or factors indicated arthritis. A chem 8 panel is a blood test that measures glucose level, electrolyte and fluid balance, and kidney function. CPK is measured to identify injury to the heart muscle, and CRP is utilized to check for swelling or heart disease. The documentation submitted for review lacks indication for arthritis panel. The request is not medically necessary.

**Labs: Hepatic panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.labtestsonline.org](http://www.labtestsonline.org).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mayo Clinic.

**Decision rationale:** Per Mayo Clinic, a complete blood count (CBC) is a blood test used to evaluate your overall health and detect a wide range of disorders, including anemia, infection and leukemia. Liver function tests, or a hepatic panel, are blood tests used to help diagnose and monitor liver disease or damage. The tests measure the levels of certain enzymes and proteins in your blood. An arthritis panel includes blood tests to determine the presence of an inflammatory process in the body or factors indicated arthritis. A chem 8 panel is a blood test that measures glucose level, electrolyte and fluid balance, and kidney function. CPK is measured to identify injury to the heart muscle, and CRP is utilized to check for swelling or heart disease. The documentation submitted for review lacks indication for hepatic panel. The request is not medically necessary.

**Work hardening program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125.

**Decision rationale:** Per MTUS CPMTG with regard to work conditioning: "Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical

or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.” Per the documentation submitted for review, the injured worker has completed 18 sessions of physiotherapy and was to return to work on 5/6/15 with the following restrictions: no lifting over 5 lbs with the left hand; no excessive use of the left hand or arm; no forceful gripping or grasping with the left hand. Per progress report dated 5/6/15, it is noted that the injured worker may have additional surgical interventions, which should be afforded to him; authorization for re-evaluation with an orthopedic hand surgeon was requested. As candidacy for surgery is an exclusion criterion, the request is not medically necessary.

**EMG/NCV of right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not

recommended. The documentation submitted for review does not contain evidence of neurologic dysfunction such as sensory, reflex, or motor system deficit regarding the right upper extremity. The injured worker is not presented as having radiculopathy. There are no changes presented that suggest the presence of a peripheral neuropathy. The request is not medically necessary.