

Case Number:	CM15-0140207		
Date Assigned:	07/30/2015	Date of Injury:	08/15/2012
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 24-year-old male patient, who sustained an industrial injury on 8-15-2012. He reported getting his hand stuck in-between rollers in a manufacturing machine. Diagnoses include status post right middle finger degloving injury with subsequent skin grafting, post-traumatic arthralgia and stiffness. Per the doctor's note dated 6/23/15, he had complaints of ongoing right hand, right shoulder, right wrist pain, chest pain, shortness of breath and emotional stress. The physical examination documented unremarkable findings; BP- 109/62mmHg. Per the note dated 1/12/15, the medications list includes tramadol. He has had Recent magnetic imaging studies, of the right hand and wrist dated May 12, 2015 which revealed subchondral edema, bone contusion and partial tear of scapholunate ligament, low grade sprain of triangular fibrocartilage complex; ultrasound, of the right hand and wrist dated May 12, 2015 with normal findings; electrodiagnostic studies dated June 23, 2015 with normal findings. He has undergone surgery for right index and long finger in 2012 and surgery for long finger with graft in 2012. He has had physical therapy visits for this injury. The plan of care included further diagnostic studies to evaluate complaints of chest pain and shortness of breath. The appeal requested approval for venipuncture, glucose-reagent strip, and laboratory work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venipuncture: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) Preoperative lab testing, Preoperative testing, general.

Decision rationale: Q—Venipuncture. Per the cited guidelines "The decision to order... tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their... status." Per the records provided patient had complaints of chest pain, stress and shortness of breath. A venipuncture was medically necessary and appropriate in this patient to collect blood for evaluation or rule out for any metabolic abnormalities, which may cause shortness of breath like anemia, thyroid abnormalities. The request of Venipuncture is medically appropriate and necessary for this patient at this time.

Glucose-reagent strip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) Preoperative lab testing Preoperative testing, general Chapter: Diabetes (updated 05/06/15) Glucose monitoring.

Decision rationale: Q-- Glucose-reagent strip. Per the cited guidelines "The decision to order... tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their ... status." Per the records provided patient had complaints of chest pain, stress and shortness of breath. A blood glucose test is medically necessary and appropriate in this patient to evaluate or rule out any diabetes/ hyperglycemia, which may contribute to the further management of the symptoms of chest pain and shortness of breath. The request of Glucose-reagent strip is medically appropriate and necessary for this patient at this time.

Laboratory work (unspecified): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) Preoperative lab testing Preoperative testing, general.

Decision rationale: Q-- Laboratory work (unspecified) Per the cited guidelines "The decision to order... tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their... status." Per the records provided patient had complaints of chest pain, stress and shortness of breath. Per the notes, the lab work requested included- CBC, SMA-19, ESR, thyroid panel. Laboratory work (CBC, SMA-19, ESR, thyroid panel) is medically necessary and appropriate in this patient to evaluate or rule out abnormalities like anemia, thyroid abnormalities, electrolyte imbalance, liver or kidney disease, which may influence the further management of the symptoms of shortness of breath and chest pain. The request of Laboratory work (unspecified) is medically appropriate and necessary for this patient at this time.