

<b>Case Number:</b>	CM15-0146942		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/04/2013
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 46-year-old female with an industrial injury dated 07-04-2013. The injured worker's diagnoses include pain and swelling in upper right limb, myofascial pain syndrome, right cervicobrachial syndrome, cervical sprain and strain, low back pain, sprain of knee and leg, and sacroiliac (SI) sprain and strain. Treatment consisted of diagnostic studies, ice therapy, prescribed medications, functional restoration program and periodic follow up visits. In a progress note dated 06-30-2015, the injured worker presented for right wrist, bilateral lower back, right knee and bilateral shoulder stiffness and tightness complaints. The injured worker's chief complaint consisted of right arm swelling. The injured worker reported new onset of hand and arm swelling for two weeks with associated pain, primarily at the wrist and extensor thumb. The injured worker rated pain a 6 out of 10. Objective findings revealed restricted range of motion in right wrist with mild limitation, diffuse tenderness over wrist and thumb extensors tendons, forearm, and right positive Finkelstein's test. The treating physician reported positive diffuse edema especially in hand and forearm. The treatment plan consisted of diagnostic studies. The treating physician prescribed services for anti-nuclear antibody, CBC with Differential Count, Comprehensive Metabolic Panel Test, Rheumatoid Factor Test, SED rate and ultrasound of venous Doppler of the right upper limb, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anti-Nuclear Antibody: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of anti-nuclear antibody testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a 'shotgun' attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatoid condition. The patient's symptoms are attributed to exercises performed in a functional rehabilitation program. Pain is reproducible and attributed to a functional cause. Therefore, based on the submitted medical documentation, the request for Anti-nuclear Antibody testing is not medically necessary.

**CBC with Differential Count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a 'shotgun' attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. The patient's symptoms are attributed to exercises performed in a functional rehabilitation program. Pain is reproducible and attributed to a functional cause; this is not a finding attributable to an autoimmune disease. Therefore, based on the submitted medical documentation, the request for CBC testing is not medically necessary.

**Comprehensive Metabolic Panel Test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain, and Lab Testing.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of CMP testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CMP testing. Per the Occupational Disability Guidelines (ODG), "Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure." This patient has not been documented to have chronic medical diseases, which would affect their hepatic or renal function. The patient's symptoms are attributed to exercises performed in a functional rehabilitation program. Pain is reproducible and attributed to a functional cause, not a metabolic cause. Therefore, based on the submitted medical documentation, the request for CMP testing is not medically necessary.

**Rheumatoid Factor Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of anti-nuclear antibody testing for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a 'shotgun' attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatoid condition. The patient's symptoms are attributed to exercises performed in a functional rehabilitation program. Pain is reproducible and attributed to a functional cause. Therefore, based on the submitted medical documentation, the request for Anti-nuclear Antibody testing is not medically necessary.

**SED Rate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of ESR testing for this patient. The California MTUS guidelines state that: "An

erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a 'shotgun' attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. The patient's symptoms are attributed to exercises performed in a functional rehabilitation program. Pain is reproducible and attributed to a functional cause. Therefore, based on the submitted medical documentation, the request for ESR testing is not medically necessary.

**Ultrasound of Venous Doppler of the Right Upper Limb: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Institute of Ultrasound and Medicine (AIUM) Practice Guidelines - Peripheral Venous Ultrasound.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Ultrasound, Diagnostic.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a venous duplex of the right arm for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of venous duplex ultrasounds for the upper extremity. Per the Occupational Disability Guidelines, duplex ultrasound is indicated for "Chronic elbow pain, suspect nerve entrapment/mass or suspect biceps tendon tear and/or bursitis; plain films non-diagnostic." The medical documentation submitted does not clearly indicate that this patient's treating physician has concern for elbow entrapment or a suspected biceps tear. Physical exam did not reveal signs of symptoms of right upper extremity bursitis. Therefore, based on the submitted medical documentation, the request for a venous duplex of the right upper extremity is not medically necessary.