

Case Number:	CM15-0149334		
Date Assigned:	08/12/2015	Date of Injury:	02/13/2013
Decision Date:	09/10/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/31/2015

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: Connecticut, California, Virginia
 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 35 year old female, who sustained an industrial injury on 02-13-2013 secondary to repetitive use of computer and mouse resulting in right hand injury. On provider visit dated 06-22-2015 the injured worker has reported pain, and also complained of pins and needles symptomatology over the left hand third and fourth digit. On examination the bilateral wrists revealed normal range of motion. Positive Phalen's sign which elicited numbness and paresthesias and diathesis over the bilateral upper extremities, mostly over the right hand was noted. The diagnoses have included myoligamentous sprain-strain of bilateral wrists-greater on the right-chronic. Treatment to date has included laboratory studies and medication. The provider requested hepatic panel to monitor levels, due to prescribed medication and arthritis panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hepatic panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: In this case, the requested labs are not clearly warranted based on exam findings or other objective measures. Should operative management be an appropriate decision, supported by exam findings and imaging studies, the requested hepatic labs may be an appropriate request in preparation for surgery. However, an arthritis panel is not clearly indicated based on the surgery and lack of other pertinent physical exam findings that would warrant consideration of rheumatologic study. Therefore, at this time, based on the provided documents and lack of clear plan for operative intervention, the requested labs are not considered medically necessary.

Arthritis panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-71.

Decision rationale: In this case, the requested labs are not clearly warranted based on exam findings or other objective measures. Should operative management be an appropriate decision, supported by exam findings and imaging studies, the requested hepatic labs may be an appropriate request in preparation for surgery. However, an arthritis panel is not clearly indicated based on the surgery and lack of other pertinent physical exam findings that would warrant consideration of rheumatologic study. Therefore, at this time, based on the provided documents and lack of clear plan for operative intervention, the requested labs are not considered medically necessary.