

<b>Case Number:</b>	CM15-0023312		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 male, who sustained a work related injury on 2/15/13. The diagnoses have included causalgia lower limb, foot pain and pain in joint lower leg. Treatments to date have included oral medications and right foot surgery. In the PR-2 dated 1/7/15, the injured worker complains right ankle, foot and toe pain. He rates the pain a 6/10 on medications. He rates the pain an 8/10 off of medications. He complains of left knee and back pain due to limping when walking. On 1/27/15, Utilization Review non-certified a request for kidney and liver function tests. Non-MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Liver and Kidney function test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939/>, Comprehensive Metabolic Panel.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chemistry panels. <http://labtestsonline.org/understanding/analytes/chem-panel/tab/glance>. Accessed 04/06/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Chemistry panels are groups of blood tests that generally look at the salt balance in the blood, sugar level, markers of kidney function, and/or liver function. The submitted and reviewed documentation indicated the worker was experiencing right foot pain. These records did not mention signs or symptoms suggesting a problem that would be shown with the common panels of blood tests. There was no discussion suggesting the reason this panel of blood tests was necessary in this setting. It is unclear which specific blood tests were needed to look at the kidney and liver function. For these reasons, the current request for unspecified liver and kidney function testing is not medically necessary.