

<b>Case Number:</b>	CM15-0030983		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male who sustained an industrial injury on 12/14/11. The injured worker reported symptoms in the bilateral upper extremity. The diagnoses included bilateral carpal tunnel status post carpal tunnel release on the right with persistent symptomology. Treatments to date include right carpal tunnel release on 9/25/13, topical creams, cortisone injections, physical therapy. In a progress note dated 9/10/14 the treating provider reports the injured worker was with "intermittent right wrist pain...rates as an 8 on a pain scale of 0 to 10...reports numbness and tingling in the right wrist...intermittent left wrist pain... rates as an 8 on a pain scale of 0 to 10... reports numbness and tingling in the left wrist." On 2/5/15 Utilization Review non-certified the request for left wrist fluoroscopy and labs: complete blood count, complete metabolic panel and Urinalysis. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Radiology wrist and labs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist and Hand Chapter, radiography.

**Decision rationale:** The patient presents with bilateral wrist and hand pain rated 8/10 and associated numbness/tingling to the bilateral hands. The patient's date of injury is 12/14/11. Patient is status post right carpal tunnel release at a date unspecified. The request is for LEFT WRIST FLUOROSCOPY. The RFA was not provided. Physical examination dated 09/10/14 of the bilateral wrists and hands reveals tenderness to palpation along the ulnar nerve bilaterally, positive Tinel's sign, and a well healed 2cm surgical scar on the right wrist. The patient is currently prescribed Gabapentin and Tramadol. Diagnostic imaging was not included. Patient is currently working. ODG Forearm, Wrist and Hand Chapter not discuss fluoroscopy, but X-rays are recommended under radiography section, for acute trauma to r/o fractures and other condition, and "Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified." In regards to the request for left wrist fluoroscopy to be performed on the left wrist, the treater has not provided a reason for the request. There is no discussion as to why fluoroscopy is being requested rather than conventional radiography. No procedure is anticipated or proposed. The request IS NOT medically necessary.

**Labs: CBC, comp meta and UA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Radiology wrist and labs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic Chapter, Preoperative lab testing.

**Decision rationale:** The patient presents with bilateral wrist and hand pain rated 8/10 and associated numbness/tingling to the bilateral hands. The patient's date of injury is 12/14/11. Patient is status post right carpal tunnel release at a date unspecified. The request is for CBC, COMP META, AND UA. The RFA was not provided. Physical examination dated 09/10/14 of the bilateral wrists and hands reveals tenderness to palpation along the ulnar nerve bilaterally, positive Tinel's sign, and a well healed 2cm surgical scar on the right wrist. The patient is currently prescribed Gabapentin and Tramadol. Diagnostic imaging was not included. Patient is currently working. While ODG Forearm, Wrist and Hand chapter does not discuss lab testing, The Low Back - Lumbar & Thoracic Chapter has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical

history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment." ODG Criteria for Preoperative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. 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. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants."In regards to the request for a complete blood count, a comprehensive metabolic panel, and urinalysis, the treater has not provided a reason for the request. The documents provided do not include discussion of any upcoming surgeries or procedures which would warrant such testing. There are no positive physical findings which would require blood labs or urinalysis testing to identify an underlying pathology prior to any upcoming procedures. Owing to a lack of rationale as to why these tests are necessary or a clearer picture of this patient's treatment plan, the requested imaging cannot be substantiated. The request IS NOT medically necessary.