

Case Number:	CM15-0039197		
Date Assigned:	03/09/2015	Date of Injury:	06/30/2014
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: Utah, Arkansas

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:

Through September 2, 2014, according to progress note of February 2, 2015, the injured workers chief complaint was numbness in the right and left hands beginning in 2012. The injured worker underwent bilateral carpal tunnel release May 15, 2014 and received relief for about one month from hand symptoms. The injured worker returned to work on July 2, 2014 and experienced increased swelling of the hands. The injured worker was experiencing 7-8 out of 10; 0 being no pain and 10 being the worse pain. The symptoms were better with elevation of the hand. The injured worker was experiencing pain in the medical left elbow and left wrist and fingers. The physical exam noted normal flexion, extension, left and right rotation of the cervical neck, wrists, hands and forearms. The grip was weaker on the right than the left. The injured worker was diagnosed with bilateral carpal tunnel syndrome and probable adhesions of the left and right carpal tunnel. The injured worker previously received the following treatments bilateral carpal tunnel syndrome, x-rays of the left and right wrist on February 2, 2015, nerve conduction studies. The treatment plan included complete blood count, sedimentation rate, antinuclear antibodies, arthritis panel and uric acid test and repeat EMG/NCV (electromyography/nerve conduction velocity studies) of the upper extremities; for increased pain and swelling of the both hands and wrists for repeat surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Complete Blood Count, Sedimentation Rate, Antinuclear Antibodies: Upheld

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

<http://labtestsonline.org/understanding/analytes/esr/tab/glance> - Sedimentation rate (ESR),
<http://labtestsonline.org/understanding/analytes/ana> - Anti-nuclear antibody (ANA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com ANA.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for lab work, as stated above. The patient has been diagnosed with Carpal tunnel syndrome and possible adhesions. There is lack of objective findings that would warrant an indication for the lab test. It is also not clear in the clinical documents why the test is being ordered. According to the clinical documentation provided and current guidelines; lab work, as stated above, is not indicated as a medical necessity to the patient at this time.

1 Arthritis Panel: Upheld

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

<http://labtestsonline.org/understanding/conditions/rheumatoid/start/1> - Rheumatoid panel.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com RA.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for lab work, as stated above. The patient has been diagnosed with Carpal tunnel syndrome and possible adhesions. There is lack of objective findings that would warrant an indication for the lab test. It is also not clear in the clinical documents why the test is being ordered. According to the clinical documentation provided and current guidelines; lab work, as stated above, is not indicated as a medical necessity to the patient at this time.

1 Uric Acid Test: Upheld

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

<http://labtestsonline.org/understanding/analytes/uric-acid/tab/glance> - Uric Acid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com Uric Acid Levels.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for lab work, as stated above. The patient has been diagnosed with Carpal tunnel syndrome and possible adhesions. There is lack of objective findings that would warrant an indication for the lab test. It is also not clear in the clinical documents why the test is being ordered. According to the clinical documentation provided and current guidelines; lab work, as stated above, is not indicated as a medical necessity to the patient at this time.