

Case Number:	CM15-0039863		
Date Assigned:	03/10/2015	Date of Injury:	05/09/2000
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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: Texas, New York, California
 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 applicant is a represented 68-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 9, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; earlier left and right shoulder surgeries; opioid therapy; unspecified amounts of physical therapy over the course of the claims; and extensive periods of time off of work. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve a request for various laboratory tests. Non-MTUS Cigna articles were referenced, despite the fact that the MTUS addressed the topics in hand. A January 30, 2015 progress note was also referenced. The applicant's attorney subsequently appealed. On August 21, 2014, the attending provider ordered urine drug testing to include confirmatory and quantitative testing. On December 4, 2014, the applicant reported ongoing complaints of elbow pain, myofascial pain syndrome, and shoulder impingement syndrome. The applicant has a past medical history notable for diabetes, depression, and fibromyalgia. The claims administrator's medical evidence log suggested that the most recent progress note on file was dated October 21, 2014; thus, the January 30, 2015 progress note and/or associated RFA form which the claims administrator invoked in its determination was not referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab Tests: sedimentation rate, uric acid, Rheumatoid factor, Urine analysis with reflex to microscope; complete metabolic panel, C-reactive protein; complete blood count; blood differential; thyroid stimulating hormone with reflex T4; and anti nuclear antibodies for treatment of the right elbow: Upheld

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

<http://labtestsonline.org/understanding/analytes/uric-acid/tab/test;>

<http://labtestsonline.org/understanding/analytes/rheumatoid/tab/test;>

<http://labtestsonline.org/understanding/analytes/cmp/glance.html;>

<http://www.nlm.nih.gov/medlineplus/ency/article/0036452.htm;>

<http://www.cigna.com/healthinfo/hw28656.html;>

<http://labtestsonline.org/understanding/analytes/t4/tab/test.>

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

Decision rationale: No, the request for laboratory testing to include an erythrocyte sedimentation rate, uric acid, rheumatoid factor, thyroid function testing, a CBC, C-reactive protein, etc., was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 208, laboratory studies such as the ESR, CBC, CRP, etc., in question can be useful to screen for inflammatory or autoimmune source of the joint pain. However, ACOEM qualified its position by noting that all of the tests should be used to confirm clinical impressions, rather than employ the same as screening test in a "shotgun" attempt to clarify reasons for unexplained pain complaints. Here, however, the January 3, 2015 progress note on which the article in question was proposed was not incorporated into the Independent Medical Review packet. It was not clearly established why the lab tests in question were proposed. All of the information on file suggested that the applicant already had established diagnoses of elbow epicondylitis, shoulder impingement syndrome status post shoulder surgery, and myofascial pain syndrome secondary to fibromyalgia. There was no description or mention of issues with joint swelling, joint synovitis, etc., which would call into questions autoimmune or inflammatory sources of joint pain associated with rheumatoid arthritis, lupus, or other rheumatoid disease process. Therefore, the request was not medically necessary.