

Case Number:	CM15-0050726		
Date Assigned:	03/24/2015	Date of Injury:	08/28/2014
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/17/2015

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: Internal 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 54 year old female, who sustained an industrial injury on August 28, 2014. She reported neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrists/hand pain, and right foot pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, left deQuervains, and multiple trigger fingers. Treatment to date has included physical therapy, medications, x-rays, and electrodiagnostic studies. On January 26, 2015, she is seen for neck pain, and bilateral wrists and multiple fingers triggering. The treatment plan includes request for carpal tunnel release surgery, and to continue home exercise. The request is for an electrocardiogram, one urine dipstick test, and laboratory work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-45.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses the uses and yields of tests. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 indicates that the clinician should discuss the uses and yields of tests, both appropriate and inappropriate, as well as the content, effects, mechanics, and effectiveness of proposed treatment methods. For the conditions discussed in these guidelines, few useful or cost-effective tests exist for the average patient or problem in the first few days or weeks. There are risks and benefits for recommended and popular, but sometimes unproven or non-cost-effective, test and treatment options, including various imaging procedures, physical modalities, medications, and surgery. Sensitivity, specificity, and yield for tests are considerations. Quantitative risks and benefits for procedures are considerations. Differences between proven and unproven tests and treatments are considerations. The primary treating physician's progress reports dated 12/5/14 and 1/26/15 documented a history of wrist and hand conditions. No vitals signs were documented. No cardiovascular symptoms were documented. No abnormal cardiovascular physical examination findings were noted. No rationale for the request for an electrocardiogram was presented. Therefore, the request for an ECG electrocardiogram is not medically necessary.

Urine dipstick: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-45.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses the uses and yields of tests. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 indicates that the clinician should discuss the uses and yields of tests, both appropriate and inappropriate, as well as the content, effects, mechanics, and effectiveness of proposed treatment methods. For the conditions discussed in these guidelines, few useful or cost-effective tests exist for the average patient or problem in the first few days or weeks. There are risks and benefits for recommended and popular, but sometimes unproven or non-cost-effective, test and treatment options, including various imaging procedures, physical modalities, medications, and surgery. Sensitivity, specificity, and yield for tests are considerations. Quantitative risks and benefits for procedures are considerations. Differences between proven and unproven tests and treatments are considerations. The primary treating physician's progress reports dated 12/5/14 and 1/26/15 documented a history of wrist and hand conditions. No urinary symptoms or conditions were documented. No rationale for the request for a urine dipstick testing was presented. Therefore, the request for a urine dipstick test is not medically necessary.

Laboratory work: CBC/SMA-19 SED rate, thyroid panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-45.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses the uses and yields of tests. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 indicates that the clinician should discuss the uses and yields of tests, both appropriate and inappropriate, as well as the content, effects, mechanics, and effectiveness of proposed treatment methods. For the conditions discussed in these guidelines, few useful or cost-effective tests exist for the average patient or problem in the first few days or weeks. There are risks and benefits for recommended and popular, but sometimes unproven or non-cost-effective, test and treatment options, including various imaging procedures, physical modalities, medications, and surgery. Sensitivity, specificity, and yield for tests are considerations. Quantitative risks and benefits for procedures are considerations. Differences between proven and unproven tests and treatments are considerations. The primary treating physician's progress reports dated 12/5/14 and 1/26/15 documented a history of wrist and hand conditions. No vitals signs were documented. No abnormal physical examination findings suggesting endocrine, metabolic, or cardiovascular conditions were documented. No rationale for the request for laboratory tests was presented. Therefore, the request for a laboratory tests is not medically necessary.