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| Case Number: | CM15-0052527 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 04/22/2009 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

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: Arizona, California 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:

The injured worker is a 43 year old female who sustained a work related injury April 22, 2009. Past history included GERD (gastroesophageal reflux disease), hyperlipidemia, s/p arthroscopy, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty, distal clavicle excision, June, 2012. According to a primary treating physician's progress report, dated February 2, 2015, the injured worker presented for follow-up evaluation. There is tenderness along the ulnar nerve at the elbow, hyperflexion is equivocal, two-point discrimination is intact, and Tinel's at the elbow is noted. There is tenderness along the right knee with extension at 180 degrees and flexion is 110 degrees with no instability. Diagnoses included internal derangement of the right knee, s/p injection including Hyalgan Injection x 5 with 3 month improvement (uses a DonJoy brace); ulnar nerve neuritis; epicondylitis medially on the right; chronic pain syndrome. Treatment plan included request for blood testing, urinalysis, and medications, and provided an elbow pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work to include CBC, comprehensive metabolic profile and urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, Colorado Division of Worker's compensation-cumulative trauma conditions medical treatment guidelines page 121. Qatif primary health care; 2011 page 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, opioids Page(s): 67, 82-92.

Decision rationale: The claimant was on opioids and NSAIDs for pain control. There was no history of bleeding, kidney or liver disease. The claimant did not have diabetes or hypertension. There were no urinary symptoms. The guidelines recommend monitoring the above labs in those with risk of liver or kidney disease. The specific reason for testing was not specified. The requested labs above are not medically necessary.