

Case Number:	CM15-0084296		
Date Assigned:	05/06/2015	Date of Injury:	07/26/2012
Decision Date:	06/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47-year-old male, who sustained an industrial injury on 7/26/12. He has reported initial complaints of bilateral wrist injuries from repetitive use activity injuries sustained at work. The diagnoses have included status post anterior cervical fusion with radiculopathy, ulnar nerve entrapment of the elbow, and carpal tunnel syndrome of the bilateral wrists. Treatment to date has included medications, diagnostics, and conservative care. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder done 3/7/14 revealed tendinitis. There was no other diagnostics noted in the records. Currently, as per the physician progress note dated 3/23/15, the injured worker complains of pain in the left shoulder and each elbow that travels into the forearm and wrist with numbness and tingling in the little and ring fingers of both hands. He rates the pain 4/10 at rest and 6-7/10 with activity. Physical exam reveals that in each elbow the ulnar nerve slips in and out of the cubital tunnel on flexion and extension of the elbow. There is still tingling and numbing in the arms and the elbows are sore and painful over the ulnar nerve. The physician notes that the neurodiagnostic testing confirms ulnar nerve subluxation at the left elbow with nerve damage and carpal tunnel syndrome at the wrist with positive neurodiagnostic testing. However, there was no result submitted with the records. The current medications included Norco for pain. Treatment plan was for an ulnar nerve transposition surgery at the left elbow as well as an open carpal tunnel release surgery at the same sitting due to failed improvement with conservative care. Following therapy and recovery the physician recommended a similar procedure be done for the right upper extremity. Work status is full duty with no limitations or restrictions. The physician requested treatments included a Comprehensive metabolic panel, Liver function panel and Complete blood count as baseline labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive metabolic panel: Upheld

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

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

Decision rationale: This 47 year old male has complained of neck pain, elbow pain and wrist pain since date of injury 7/26/12. He has been treated with surgery, physical therapy and medications. The current request is for a comprehensive metabolic panel. There is inadequate documentation stating provider rationale for the requested serologic test. On the basis of the available medical records and per the guidelines cited above, comprehensive metabolic panel is not indicated as medically necessary.

Liver function panel: Upheld

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

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

Decision rationale: This 47 year old male has complained of neck pain, elbow pain and wrist pain since date of injury 7/26/12. He has been treated with surgery, physical therapy and medications. The current request is for a liver function panel. There is inadequate documentation stating provider rationale for the requested serologic test. On the basis of the available medical records and per the guidelines cited above, liver function panel is not indicated as medically necessary.

Complete blood count: Upheld

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

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

Decision rationale: This 47 year old male has complained of neck pain, elbow pain and wrist pain since date of injury 7/26/12. He has been treated with surgery, physical therapy and

medications. The current request is for a complete blood cell count. There is inadequate documentation stating provider rationale for the requested serologic test. On the basis of the available medical records and per the guidelines cited above, a complete blood cell count is not indicated as medically necessary.