

Case Number:	CM14-0117695		
Date Assigned:	09/16/2014	Date of Injury:	05/18/2012
Decision Date:	10/20/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old male who was injured on 05/18/2012 while performing his usual and customary work related duties as a steel worker. He sustained injury to his right hand and lower back due to repetitive twisting of wire and repetitive bending and lifting on a daily basis. QME dated 07/10/2014 indicates the patient presented with complaints of pain in the right hand, right forearm, and lower back. He also complains of pain in the lumbar spine area that radiates to the right lower extremity with associated numbness and tingling. He reported his pain interferes with his activities of daily living such as self care/hygiene. Objective findings on exam revealed thoracic spine range of motion exhibits flexion at 50; extension 0; lateral flexion 45 bilaterally; and bilateral rotation to 30. The wrist exam revealed evidence of carpal tunnel release procedure of the right wrist area. His wrist flexion on the right is at 52 and left at 58; extension on the right at 33 and left at 46; Radial deviation at 20 bilaterally; and ulnar deviation at 30 bilaterally. Jamar testing revealed grip strength on the right is 70, 84, 84 and on the left is 67, 75, 75. The lumbar spine revealed flexion at 54; extension at 22; sacral flexion at 45; left lateral 15 and right lateral is 12. Orthopedic testing was negative. The patient is diagnosed with thoracic spine sprain/strain, lumbar spine HNP at L2-L3 and L5-S1; and right carpal tunnel syndrome, status post carpal tunnel release. The patient was recommended to obtain lab work including CBC and CMP for monitoring of medication use. Prior utilization review dated 07/11/2014 states the request for Comprehensive Metabolic Panel; and Complete Blood Count is denied as medical necessity has not been established.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/cmp/tab/test/>

Decision rationale: The Guidelines recommend Comprehensive Metabolic Panels (CMP) for evaluating renal, hepatic, or other electrolyte abnormalities. The clinical notes did not discuss the indication for blood testing. CMP is not recommended as routine testing without clear indication. Some of the notes were handwritten and illegible. The documents did not sufficiently discuss previous laboratory results and any abnormalities which would require periodic follow up. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Complete Blood Count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/cbc/tab/test/>

Decision rationale: The Guidelines recommend Complete Blood Counts (CBC), in general, to evaluate for anemia, infection, or bleeding disorders. The clinical notes did not discuss the indication for blood testing. CBC is not recommended as routine testing without clear indication. Some of the notes were handwritten and illegible. The documents did not sufficiently discuss previous laboratory results and any abnormalities which would require periodic follow up. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.