

<b>Case Number:</b>	CM14-0148787		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 62-year-old female with a 9/12/12 date of injury. On 8/20/14, there was a request for authorization of lab tests to include Thyroid Stimulating Hormone, FT4, HgA1c Labs, comprehensive metabolic panel (CMP), and complete blood count (CBC). At that time there is documentation of subjective complaints of hand and wrist pain and objective findings of 4/5 muscle strength over the wrists, moderate tenderness over the AC joint, and decreased sensation over the C6 and C7 dermatomes. Current diagnoses are listed as status post cumulative trauma of bilateral upper extremities, cervical pain, and cervicogenic headaches, and treatment to date has consisted of medications. There is no documentation of a clearly stated rationale identifying why laboratory tests are needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LABS: Thyroid Stimulating Hormone, FT4, HgA1c Labs, comprehensive metabolic panel, and complete blood count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm))

**Decision rationale:** The MTUS and the ODG do not address this issue. Medical treatment guidelines list the documentation of a clearly stated rationale identifying why laboratory tests are needed as the criterion to be met in order to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of status post cumulative trauma of bilateral upper extremities, cervical pain, and cervicogenic headaches. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for labs including Thyroid Stimulating Hormone, FT4, HgA1c Labs, comprehensive metabolic panel, and complete blood count is not medically necessary.