

Case Number:	CM14-0158391		
Date Assigned:	10/01/2014	Date of Injury:	01/07/2008
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 56-year-old male who reported an injury on 01/07/2008. The mechanism of injury was not provided. On 02/17/2014, the injured worker presented with shoulder pain and complaints of numbness and tingling in the arm and hands. Examination of the right shoulder noted heavy guarding and protracted shoulder shrug. The diagnoses were shoulder labrum tear. Prior therapy included physical therapy and medications. The provider recommended laboratory studies. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory studies (SGOT SGPT CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003909/>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for laboratory studies (SGOT, SGPT, and CBC) is not medically necessary. The California MTUS Guidelines recommend periodic lab monitoring of

chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminase within 4 to 8 weeks after starting therapy, but the interval of repeat lab tests after treatment duration has not been established. Routine blood pressure monitoring is however, recommended. It is unclear when the laboratory monitoring was last performed. The provider's rationale for laboratory testing was not provided. As such, Laboratory studies (SGOT SGPT CBC) is not medically necessary.