

Case Number:	CM14-0180704		
Date Assigned:	11/05/2014	Date of Injury:	03/16/2001
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/30/2014

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 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:

This injured worker's date of injury is 03/16/2001. This patient receives treatment for chronic left upper extremity pain. The original injury occurred when the left hand became jammed while pushing a wheelchair. The medical diagnoses include: reflex sympathetic dystrophy of the upper limb, opioid dependence, and pain in hand of limb. Medications include: Norco, Skelaxin, Neurontin, Pristiq, Lidocaine ointment, and MS Contin. The patient is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUN/Creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

Decision rationale: The Guidelines point out that some treating clinicians order tests in order to find the source of a patient's complaints. These orders may lack an objective basis. Given the documentation of this patient with long-standing upper extremity symptoms, the lab tests measuring kidney function are not medically indicated.

Hepatic Function Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

Decision rationale: The Guidelines point out that some treating clinicians order tests in order to find the source of a patient's complaints. These orders may lack an objective basis. Given the documentation of this patient with long-standing upper extremity symptoms, the lab tests measuring liver enzyme levels are not medically indicated.