

Case Number:	CM14-0097078		
Date Assigned:	07/28/2014	Date of Injury:	06/02/2003
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational 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:

According to the records made available for review, this is a 63-year-old male with a 6/2/03 date of. At the time (5/13/14) of request for authorization for 1 RFT and LFT labs, there is documentation of subjective (right upper extremity swelling and pain into right hand, dysesthesia in right upper extremity, right shoulder pain, tingling and burning pain in left upper extremity, neck pain) and objective (decreased sensation in right upper extremity, swelling and discoloration of mid-forearm, dysesthesia in right upper limb with limited flexion of wrist and fingers, tenderness of the right shoulder, and mild tenderness over left forearm and hand) findings, current diagnoses (reflex sympathetic dystrophy of the right upper extremity, right wrist, hand, elbow and thumb strain, right shoulder strain, secondary hypertension, and cardiac dysfunction), and treatment to date (medication, home exercises, and ice pack). 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:

(1) RFT and LFT labs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests healthcare.compliance.info/med.

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of RFT and LFT. Within the medical information available for review, there is documentation of reflex sympathetic dystrophy of the right upper extremity, right wrist, hand, elbow and thumb strain, right shoulder strain, secondary hypertension, and cardiac dysfunction. 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 1 RFT and LFT labs are not medically necessary.