

<b>Case Number:</b>	CM14-0107778		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 39 year old male, who sustained an industrial injury on 11/12/2012. He reported left shoulder pain. The injured worker was diagnosed as having status post right shoulder arthroscopy, and left shoulder rotator cuff tear, left shoulder impingement resolved, left AC joint arthritis, and left superior labral tear asymptomatic. Treatment to date has included medications, x-rays. The request is for laboratory testing: Chem 8, hepatic function panel, CPK, CRP, CBC and arthritis panel. On 1/3/2014, he reported no pain of the left shoulder arm. Physical findings revealed full range of motion of the left shoulder and arm without pain. On 6/7/2014, he complained of left shoulder pain rated 7/10. Testing revealed a positive cross over with 90 degree angle and pain with resistance, and a positive cranks test. Left shoulder range of motion is noted revealed pain with flexion, external rotation and abduction. The treatment plan included: urine drug testing, laboratory testing, and Tramadol. The medical records contain documents with handwritten information which is difficult to decipher. Several pages of the medical records are dated after the UR of 7/8/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One initial lab test to include Chem 8, hepatic function panel, CPK, CRP, CBC and Arthritis panel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) regarding Acetaminophen and liver/kidney risks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health at <http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/>.

**Decision rationale:** The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury especially three year's post injury. Also, legibility was an issue. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request is not medically necessary under the medical sources reviewed.