

Case Number:	CM15-0123207		
Date Assigned:	07/07/2015	Date of Injury:	03/01/2008
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/26/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old female who sustained an industrial injury on 03/01/2008. Mechanism of injury was from lifting at work and the injured worker has knee, hand, shoulder and ankle joint pain. Diagnoses include knee pain, joint pain in the hand, shoulder and ankle, and long-term NSAID use. Last liver function test was done in 2009. Current medications include Hydrocodone, Benazepril, Hydrochlorothiazide and Ibuprofen. Treatment to date has included diagnostic studies-but none recently, medications, status post right arthroscopic knee surgery and left knee ACL surgery times 2. A physician progress note dated 05/12/2015 documents the injured worker complains of right ankle pain. It is chronic and intermittent. This started 6 years ago. It moderately limits activities. She has decreased range of motion and denies pain with movement. She has diffuse shoulder pain bilaterally, and it is chronic, constant and stable. This pain also started 6 years ago. This pain limits activities and lacks active range of motion. She has decreased range of motion and stiffness. In addition she has bilateral knee pain and it is described as sharp and constant. The symptom is sudden in onset and started 6 years ago. She has decreased range of motion and pain with movement. She rates her pain as 3 out of 10. She feels her knee pain is getting worse and has knee pain greater in the left knee. Her left and right upper extremity has pain with abduction and pain with shoulder flexion, and she has pain with flexion and radial bending and ulnar bending in both wrists. There is crepitus in both knee and there is pain with flexion and her right ankle has pain with range of motion. She ambulates with a slow and antalgic gait and is unable to turn quickly. Treatment requested is for blood work for liver function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood work for liver function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[www.medicarenhic.com/pa/policies/hepaticpercent20functionpercent20panel20\(L27377\).pdf](http://www.medicarenhic.com/pa/policies/hepaticpercent20functionpercent20panel20(L27377).pdf).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, blood work liver function is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and community is not simply for screening purposes. In this case, the injured worker's working diagnoses are joint pain shoulder; knee pain; long-term non-steroidal anti-inflammatory drug use; narcotic drug use; ankle and wrist pain. The date of injury is March 1, 2008. The request for authorization is dated May 13, 2015. Medical record contains 13 pages. A single progress note in the medical record is dated May 12, 2015. Subjectively, the injured worker has right ankle pain. The last set of liver function tests were performed June 10, 2009 with normal ALT and AST levels. Presently, there is no clinical indication or rationale in the medical record in the treatment plan for liver function testing. Consequently, absent clinical documentation with a clinical indication and or rationale for liver function testing, blood work liver function is not medically necessary.