

Case Number:	CM15-0124412		
Date Assigned:	07/08/2015	Date of Injury:	09/28/2011
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 was diagnosed as having possible bilateral carpal tunnel syndrome with the right more than the left, possible bilateral wrist sprain/strain, possible bilateral wrist overuse syndrome, right shoulder pain, right shoulder impingement, status post right shoulder nerve block, left shoulder sprain/strain with mild impingement, bilateral elbow lateral epicondylitis, bilateral elbow sprain/strain, status post right elbow surgery, possible cervical discogenic pain, bilateral cervical facet pain, status post diagnostic bilateral cervical facet medial nerve blocks, and status post radiofrequency to the bilateral cervical spine. Treatment and diagnostic studies to date has included medication regimen, chiropractic therapy, physical therapy, home exercise program, acupuncture, status post cervical facet medial nerve blocks, status post cervical facet medial nerve radiofrequency, electromyogram of the upper extremities, status post left shoulder subacromial steroid injection, use of a Pil-O-Splint, x-rays of the left shoulder, magnetic resonance imaging of the left shoulder, and laboratory studies. In a progress note dated 04/06/2015 the treating physician reports complaints of bilateral wrist and hand pain that radiates to the bilateral elbows with the right more than the left, improved neck pain, and improved right shoulder pain. Examination reveals weakness with bilateral hand grip, tenderness to the bilateral lateral epicondyle, tenderness to the right elbow olecranon region, painful range of motion to the bilateral elbows, tenderness over the left shoulder, pain with range of motion of the left shoulder, tenderness over the right shoulder, pain with range of motion to the right shoulder, tenderness to cervical three through six, tenderness to the bilateral cervical facet region, and tenderness to the bilateral trapezius muscles. The treating physician requested a complete blood count and a sequential multiple analysis (SMA 20) (liver and renal function tests) as recommended by another treating physician. Per the note dated 5/4/15 patient had complaints of bilateral wrist and hand pain radiating to elbow. Physical examination of the bilateral upper extremities revealed positive Tinel and carpal tunnel compression test, and decreased sensation. The medication list

include Gabapentin, Prilosec, Naprosyn, Norco and Sumatriptan. The patient has had right elbow surgery on 12/18/14. The patient sustained the injury due to cumulative trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete blood count SMA (Liver and Renal Function): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LabsOnline.Org <https://labstestonline.org/understanding/analytes/cbc/tab/test>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring: page 70.

Decision rationale: Request: Complete blood count, SMA (Liver and Renal Function). A CMP (or BMP) can be ordered as part of a routine physical examination, or may be used to monitor a patient with a chronic disease, such as diabetes mellitus or hypertension. Per the cited guidelines, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." A detailed recent examination of the status of blood pressure, pulse and vital signs was not specified in the records provided. Evidence of previous renal or thyroid pathology or a history of dyslipidemia, was not specified in the records provided. Evidence of intolerance or GI symptoms of peptic ulcer with any previous use of NSAIDs was not specified in the records provided. The duration of previous use of NSAIDs was not specified in the records provided. Previous lab reports were not specified in the records provided. The rationale for a Complete blood count, SMA (Liver and Renal Function) was not specified in the records provided. The rationale or need for all the components of the Complete blood count, SMA (Liver and Renal Function) was not specified in the records provided. The medical necessity of the complete blood count, SMA (Liver and Renal Function) listed is not fully established in this patient at this time. Therefore, the request is not medically necessary.