

Case Number:	CM15-0128779		
Date Assigned:	07/15/2015	Date of Injury:	07/03/2013
Decision Date:	08/18/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 31 year old female with a July 3, 2013 date of injury. A progress note dated June 8, 2015 documents subjective complaints (recent temporary relief with acupuncture but remains symptomatic), objective findings (tenderness to palpation in the left trapezius muscle; satisfactory range of motion without discomfort; tenderness to palpation over the left anterior rotator cuff; mild left acromioclavicular joint and bicipital tenderness without irritability; positive impingement and grind sign of the left shoulder; decreased strength of the rotator cuff/deltoid/biceps; decreased range of motion of the left shoulder; greater passive range of motion without obvious adhesive capsulitis), and current diagnoses (left rotator cuff tendonitis and impingement syndrome). Treatments to date have included home exercise, medications, acupuncture, and chiropractic treatments. The provider recommended a left shoulder arthroscopy. The treating physician documented a plan of care that included lab studies including complete blood count, basic metabolic panel, urinalysis, and liver functions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab studies including CBC, Basic metabolic panel, urinalysis, liver functions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://labtestsonline.org/understanding/analytes/bmp/tab/test>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring of CBC and chemistry profile Page(s): 70.

Decision rationale: The patient presents with neck and shoulder pain. The request is for lab studies including; Cbc, Basic Metabolic Panel, Urinalysis, Liver Functions. The request for authorization is dated 06/22/15. Physical examination of the cervical spine reveals tenderness to palpation in the left trapezius muscle. On examination of the left shoulder, there is tenderness to palpation over the anterior rotator cuff. There is mild AC joint and bicipital tenderness without irritability. There is a positive impingement and grind sign. The patient has had some recent temporary relief with her acupuncture but remains symptomatic. The patient is instructed to continue with the home exercise, soft-tissue modalities and their importance. Patient's medications include Norco, Naprosyn, Terocin and Protonix. Per progress report dated 06/08/15, the patient is on modified work. ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." Per progress report dated 06/08/15, treater's reason for the request is "for monitoring of their medication use." The patient is currently taking Naprosyn, a NSAID. MTUS supports the monitoring of CBC when patient is taking NSAIDs. Additionally, BMPs can be useful in examining a patient's overall hepatic and renal function. Review of provided medical records shows no evidence of a prior Lab Studies. Therefore, the request is medically necessary.