

Case Number:	CM15-0147221		
Date Assigned:	08/10/2015	Date of Injury:	10/13/2014
Decision Date:	10/06/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/29/2015

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: California

Certification(s)/Specialty: Emergency 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 63 year old female who sustained an industrial injury on October 13, 2014. A recent primary treating office visit dated June 19, 2015 reported subjective complaint of the left hand pain interferes with sleep with mention of having good and bad days. There is also left shoulder and elbow discomfort. The treating diagnoses are: left distal radius fracture; left hand sprain and contusion, and carpal tunnel syndrome, left; myofascial syndrome, left shoulder and elbow contusion and sprain; and left forearm and arm contusion and sprain. The plan of care noted recommending a course of physical therapy, a magnetic resonance imaging study of bilateral hips and pelvis; and to undergo nerve conduction study of the bilateral upper extremities. Lastly, there is recommendation to subsequently undergo a left carpal tunnel release with medical clearance and preoperative requirements. The worker is to remain off from work duty. Of note, documentation provided showed on April 24, 2015 pre-operative orders written to obtain laboratory work up to include: complete chemical panel, uric acid, sedimentation rate, c-reactive protein, RA panel, and CBC. While order is dated 4/24/15, request for service is noted to have been received on 7/7/15 with UR denial dated 7/17/15. Lab tests dated 6/24/15 for CBC, Metabolic Panel and Borrelia Burg test was noted to be normal/negative. Multiple Progress notes merely state "preop clearance" but there is no documentation of any approval for surgery and what this even means. There is no documentation of any rationale for these tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venipuncture Routine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Low Back", "Preoperative lab testing".

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. Documentation fails to provide documentation of medical history or patient's current medications. There is no justification for requested lab test except for "preop clearance" which is not a valid request if there is no surgery approved. See individual test below but since not a single test was approved, venipuncture is not medically necessary.

Metabolic Panel Comprehensive: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Low Back", "Preoperative lab testing".

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. Documentation fails to provide documentation of medical history or patient's current medications. There is no justification for requested lab test except for "preop clearance" which is not a valid request if there is no surgery approved. Metabolic panel tests for electrolytes and kidney function. Patient may be on NSAIDs but patient had a recent CMP that was basically normal. There is no justification for another CMP with a recent normal test. Metabolic Panel is not medically necessary.

Uric Acid (Serum): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Low Back", "Preoperative lab testing".

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. Documentation fails to provide documentation of medical history or patient's current medications. There is no justification for requested lab test except for "preop clearance" which is not a valid request if there is no surgery approved. Provider has failed to document any of patient's medical problems in record. Uric acid is usually done to test for gout. It is unclear why patient needs this test when patient has known wrist injury and neuropathy with nothing provided to support gout. If patient has gout, it is unclear how it relates to patient's injury. Uric Acid is not medically necessary.

C - Reactive Protein, Rheumatoid Factor (21): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Low Back", "Preoperative lab testing".

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. Documentation fails to provide documentation of medical history or patient's current medications. There is no justification for requested lab test except for "preop clearance" which is not a valid request if there is no surgery approved. CRP and Rheumatoid factors are tests that may be used as a workup of potential autoimmune arthritis. Patient has known wrist injury and known neuropathy of wrist from injury. It is unclear how autoimmune workup is related to injury. CRP and Rheumatoid factor is not medically necessary.

Borrelia Burg C6 TOT RF: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Low Back", "Preoperative lab testing".

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. Documentation fails to provide documentation of medical history or patient's current medications. There is no justification for requested lab test except for "preop clearance" which is not a valid request if there is no surgery approved. This test is used to test for Lyme disease. While Lyme disease may be cause for arthritis pain, patient has known wrist injury and neuropathy and already had a recent negative Lyme test and therefore is not medically necessary.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) "Low Back", "Preoperative lab testing".

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. Documentation fails to provide documentation of medical history or patient's current medications. There is no justification for requested lab test except for "preop clearance" which is not a valid request if there is no surgery approved. CBC is complete blood count. It may be useful in workup of infections or inflammatory conditions. Patient has known wrist injury and known neuropathy of wrist from injury. It is unclear how inflammatory workup is related to injury. Patient had a CBC that was normal recently. CBC is not medically necessary.

Sedimentation Rate: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing.

Decision rationale: As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or Tegretol. There are some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. As per Official Disability Guidelines recommends preoperative testing pertaining to certain criteria and only with medical justification. Documentation fails to provide documentation of medical history or patient's current medications. There is no justification for requested lab test except for "preop clearance" which is not a valid request if there is no surgery approved. ESR is a test that may be useful in workup of infections or inflammatory conditions. Patient has known wrist injury and known neuropathy of wrist from injury. It is unclear how inflammatory workup is related to injury. ESR is not medically necessary.