

<b>Case Number:</b>	CM15-0064469		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 62-year-old female, who sustained an industrial injury on June 10, 2008. Treatment to date has included right shoulder arthroscopy on 5/14/2014 and medications. Currently, the injured worker complains of right shoulder pain, which she rates a 5-6 on a 10-point scale. She reports improvement in pain and in performing activities of daily living with the use of her pain medications. She has tenderness to palpation over the right acromioclavicular joint space and the right subacromial bursa. Her treatment plan includes Tramadol #60, Naproxen #60, right shoulder corticosteroid injection and laboratory evaluations to ensure that the injured worker can safely metabolize her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tests: C-reactive protein, arthritis panel, complete blood count, chem 8, hepatic function panel, and creatine phosphokinase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed).

**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, tests: CRP, arthritis panel, CBC, chemistry 8 panel, hepatic function tests, and creatinine phosphokinase are not medically necessary. Thorough history taking is there 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 not simply for screening purposes. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy May 14, 2014; right shoulder mild adhesive capsulitis; and right thumb trapezoidal arthritis. The current list of medications includes tramadol 50 mg and naproxen 550 mg. The rationale for the blood tests provided by the treating physician: "We are requesting authorization for labs and your point of contact in order to ensure it is safe for the patient to have patently metabolize and really excrete the medication we are prescribed. She states it has been one year since she has had laboratory studies performed." Diagnostic studies should be ordered in this context and not simply for screening purposes. There is no clinical indication in the medical record for a CRP (C & reactive protein) and arthritis panel. The guidelines recommend periodic lab monitoring of the CBC in chemistry profile including liver and renal function testing. Consequently, absent clinical documentation with a clinical indication and rationale for CRP and an arthritis panel, tests: CRP, arthritis panel, CBC, chemistry 8 panel, hepatic function tests, and creatinine phosphokinase are not medically necessary.