

Case Number:	CM15-0065866		
Date Assigned:	04/13/2015	Date of Injury:	03/26/1996
Decision Date:	06/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/07/2015

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, Illinois
 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 52-year-old male who reported an injury on 03/26/1996. The mechanism of injury was not provided. The documentation indicated the injured worker had previously undergone laboratory studies with his primary care physician and was told there were no obvious adverse problems related to the use of prescribed medications. The injured worker was noted to be status post right carpal tunnel release x2, status post carpal tunnel release left, chronic bilateral median neuropathy at the wrist, and chronic lumbar radiculopathy. The documentation of 02/04/2015 revealed the injured worker had continued self-treatment. The injured worker did not notice any change in condition. The injured worker was unable to increase his activity level or return to work. The injured worker had a nonantalgic gait. There was tenderness to palpation over the flexor and extensor compartment and carpal canal. There was no tenderness to palpation over the radiocarpal joint. There was a negative Tinel's sign. There was decreased range of motion of the bilateral wrists. There was diminished sensation with hypersensitivity of the bilateral median nerve distribution. The injured worker had tenderness to palpation over the upper, mid, and lower paravertebral muscles. There was patchy decreased sensation in the bilateral lower extremities. The treatment plan included medications and the discussion indicated the injured worker had previous laboratory studies with a primary care physician and was told there were no obvious adverse problems related to the use of prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visit.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review failed to provide the rationale for the request. The request as submitted failed to indicate the specific physician to be followed up with. Given the above, the request for follow-up visit is not medically necessary.

ECG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://circ.ahajournals.org/content/104/25/3169.full>.

Decision rationale: Per the American Heart Association, "There are numerous potential clinical uses of the 12-lead ECG. The ECG may reflect changes associated with primary or secondary myocardial processes (e.g., those associated with coronary artery disease, hypertension, cardiomyopathy, or infiltrative disorders), metabolic and electrolyte abnormalities, and therapeutic or toxic effects of drugs or devices." There was a lack of documented rationale for the request. Given the above, the request for ECG is not medically necessary.

Urine Dipstick: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/urinalysis/tab/sample/>.

Decision rationale: Per labtestsonline.org; A urinalysis is a group of chemical and microscopic tests. They detect the byproducts of normal and abnormal metabolism, cells, cellular fragments, and bacteria in "A urinalysis is a group of chemical and microscopic tests. They detect the

byproducts of normal and abnormal metabolism, cells, cellular fragments, and bacteria in urine. Many disorders can be diagnosed in their early stages by detecting abnormalities in the urine. Abnormalities include increased concentrations of constituents that are not usually found in significant quantities in the urine, such as: glucose, protein, bilirubin, red blood cells, white blood cells, crystals, and bacteria." The request as submitted failed to indicate the rationale for the testing. A urine dipstick test may be used to evaluate specific types of renal disease, such as proteinuria. Routine screening is not recommended. Given the above, the request for urine dipstick is not medically necessary.

24-Hour Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/urinalysis/tab/sample/>.

Decision rationale: Per labtestsonline.org; A urinalysis is a group of chemical and microscopic tests. They detect the byproducts of normal and abnormal metabolism, cells, cellular fragments, and bacteria in "A urinalysis is a group of chemical and microscopic tests. They detect the byproducts of normal and abnormal metabolism, cells, cellular fragments, and bacteria in urine...Many disorders can be diagnosed in their early stages by detecting abnormalities in the urine. Abnormalities include increased concentrations of constituents that are not usually found in significant quantities in the urine, such as: glucose, protein, bilirubin, red blood cells, white blood cells, crystals, and bacteria." The request as submitted failed to indicate the rationale for the testing. A 24-hour urine test may be used to evaluate specific types of renal disease, such as proteinuria. Routine screening is not recommended. Given the above, the request for 24-hour urinalysis is not medically necessary.

Lab: Complete Blood Count (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 Page(s): 70.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommend periodic monitoring of liver and kidney function testing for all injured workers taking long term NSAIDS. The clinical documentation submitted for review failed to provide a rationale for the requested laboratory study and the injured worker had laboratory studies with the primary care physician that revealed no adverse problems. Given the above, the request for complete blood count (CBC) is not medically necessary.

Lab: SMA: 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 Page(s): 70.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines recommend periodic monitoring of liver and kidney function testing for all injured workers taking long term NSAIDS. The clinical documentation submitted for review failed to provide a rationale for the requested laboratory study and the injured worker had laboratory studies with the primary care physician that revealed no adverse problems. Given the above, the request for lab: SMA is not medically necessary.

Lab: Thyroid Panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/thyroid-panel/tab/sample/>.

Decision rationale: A thyroid panel is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. Per LabTestsOnline.org, a thyroid panel is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. The rationale for the request was not provided. Given the above, the request for thyroid panel is not medically necessary.