

Case Number:	CM15-0072464		
Date Assigned:	04/22/2015	Date of Injury:	12/01/2004
Decision Date:	05/20/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/15/2015

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: North Carolina

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:

This 71 year old female sustained an industrial injury on 12/1/04. She subsequently reported hand pain. Diagnoses include mononeuritis. Treatments to date have included prescription pain medications. The injured worker continues to experience chronic left hand pain. A request for a Home health aide 5 hours/day x 7 days x 4 weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMP x 1, provided on April 8, 2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to Date, complete metabolic panels.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The up-t o date medical guidelines states that complete metabolic panels are laboratory work designed to asses various medical conditions affecting the liver, kidney and electrolyte balance/disorder. There is no provided documentation in the given clinical

documentation provided for review that would explain the need for this testing. Therefore the request is not medically necessary.