

<b>Case Number:</b>	CM15-0075644		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 33 year old female, who sustained an industrial injury on 03/01/2011. She has reported subsequent upper extremity pain and was diagnosed with entrapment neuropathy of the upper limb and extremity pain. Treatment to date has included oral and topical pain medication, bracing and physical therapy. In a progress note dated 04/02/2015, the injured worker complained of bilateral upper extremity pain. Objective findings were notable for restricted range of motion, pain and tenderness to palpation of the right elbow and bilateral wrists and hands, decreased sensation to light touch over the medial hand on the right side, allodynia over the ulnar side of the left wrist, positive Phalen and Tinel's sign of the right wrist and positive Tinel's sign of the right elbow. A request for authorization of AST and ALT lab tests was submitted for monitoring of liver and kidney function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: Serum AST & ALT and renal panel for monitoring of liver and kidney function:**  
 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 Carobene, A., et al. (2013). "A systematic review of data on biological variation for alanine aminotransferase, aspartate aminotransferase and gamma-glutamyl transferase." Clin Chem Lab Med 51(10): 1997-2007 Wolverton, S. E. and K. Remlinger (2007). "Suggested guidelines for patient monitoring: hepatic and hematologic toxicity attributable to systemic dermatologic drugs." Dermatol Clin 25(2): 195-205, vi-ii. "A systematic review of data on biological variation for alanine aminotransferase, aspartate aminotransferase and gamma-glutamyl transferase." Clin Chem Lab Med 51(10): 1997-2007.

**Decision rationale:** MTUS and ODG guidelines are silent regarding the indication of the requested blood work up. There is no clear evidence of liver dysfunction or risk of liver or renal disease. There is no clear documentation and rationale behind ordering these tests to monitor liver and renal function. Therefore, the request for Lab studies: Labs: Serum AST & ALT and renal panel for monitoring of liver and kidney function is not medically necessary.