

Case Number:	CM15-0075832		
Date Assigned:	04/27/2015	Date of Injury:	03/22/2000
Decision Date:	05/22/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/20/2015

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 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 68-year-old female, who sustained an industrial injury on March 22, 2000. The injured worker was diagnosed as having overuse syndrome of both upper extremities with involvement of bilateral wrists, elbows, hands, forearms, and shoulders, right shoulder strain/impingement status post two surgeries in 2002 with significant residual and repeat surgery in 2004 with some improvement but persistent right shoulder pain and compensable left shoulder strain upper extremity to chronic right shoulder problem, bilateral wrist, hand, and forearm tendinitis and lateral elbow epicondylitis with bilateral carpal tunnel syndrome, cervical strain, and possible renal insufficiency rule out non-steroid anti-inflammatory drugs (NSAIDs) induced nephropathy due to chronic use of Relafen for chronic pain. Treatment to date has included ice, exercise, and medication. Currently, the injured worker complains of bilateral shoulder pain, right worse than left, wrist and forearm pain and paresthesia, and intermittent neck pain, mostly on the right side. The Primary Treating Physician's report dated February 23, 2015, noted the injured worker with renal insufficiency related to the use of non-steroid anti-inflammatory drugs (NSAIDs) for chronic pain. Physical examination was noted to show tenderness of the volar wrist and dorsal wrist with positive Phalen's sign bilaterally. The shoulders examination was noted to show moderate tenderness of the right acromioclavicular region with impingement sign positive bilaterally. The elbows examination was noted to show tenderness of the flexor forearm muscles. The treatment plan was noted to include requests for authorization for Norco, Ambien, and Prilosec, with recommendation to obtain labs including a liver function test (LFT) and a renal function test (RFT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Renal function panel qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hepatic Function Panel Page(s): 23, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2015- Laboratory Studies.

Decision rationale: There is no indication for the requested renal function panel. The documentation indicates that the claimant is not maintained on any medications that requiring regular monitoring of renal function. There is no history of renal insufficiency. Medical necessity for the requested item is not established. The requested item is not medically necessary.