

Case Number:	CM15-0091619		
Date Assigned:	05/18/2015	Date of Injury:	02/04/2014
Decision Date:	06/18/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/12/2015

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

Certification(s)/Specialty: Emergency 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 50 year old male who sustained a work related injury February 4, 2014. Past history included right carpal tunnel release October 2014. According to a primary treating physician's progress report, dated April 13, 2015, the injured worker presented for follow-up with complaints of right hand pain, rated 3/10, with the right thumb, index finger, and middle finger becoming numb. There are also complaints of a frontal headache all day with diaphoresis, nausea and vomiting. The right hand has decreased grip 3/5 and decreased sensitivity, right thumb, 1, 2, 3, finger and edema of the right hand with stiffness, tenderness mid portion and swelling. The physician documents that post-operative nerve test demonstrated minimal to slight/slight carpal tunnel syndrome. Diagnoses are vomiting; headache; carpal tunnel syndrome; generalized anxiety disorder. Treatment plan included occupational therapy, adjustments to medications and discussion regarding Norco and opioid dependency, and request for authorization of lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab work (CBC, Chem Panel, Vit D, H 1AC, Sed rate, ANA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Diabetes: Carpal tunnel syndrome.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, diabetes screening should be considered in patients with carpal tunnel syndrome. Rationale provided by provider was that patient was morbidly obese and has acanthosis nigricans and there was a concern for diabetes. While Chem panel and HgbA1c may be justified, other lab test requested for screening for other risk factors for CTS(Hypothyroidism and Rheumatoid arthritis) should be justified by physical exam and history. Documentation does not support other lab testing therefore entire request for "lab work" is not medically necessary.