

Case Number:	CM15-0092612		
Date Assigned:	05/19/2015	Date of Injury:	01/03/2014
Decision Date:	07/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/13/2015

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 35 year old male, who sustained an industrial injury on 01/03/2014. He reported developing pain in his right elbow going into his right hand due to repetitive work. The injured worker is not working but allowed to return to modified work. The injured worker is currently diagnosed as having right cubital tunnel syndrome, right carpal tunnel syndrome, status post right wrist surgery, left elbow cubital tunnel syndrome, left wrist carpal tunnel syndrome status post carpal tunnel release, reflex sympathetic dystrophy of the right elbow, and stiff right shoulder syndrome. Treatment and diagnostics to date has included wrist surgeries, physical therapy, magnetic resonance arthrogram of the right wrist which noted postsurgical changes and a possible 5mm cyst within the lunate bone, and medications. In a progress note dated 03/30/2015, the injured worker presented with complaints of constant right elbow and left wrist pain, right wrist pain, and burning pain to both hands. Objective findings include bilateral tenderness to shoulders with decreased range of motion and severe tenderness noted to right elbow. The treating physician reported requesting authorization for retrospective laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Arthritis Panel, Hgb A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257-259.

Decision rationale: The patient sustained an injury in January of 2014. He was subsequently diagnosed with bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome as well. The ACOEM guidelines do make recommendations regarding evaluation for such complaints. This includes physical examination and neurologic screening. There is no suggestion of routine laboratory testing, including inflammatory arthritis or diabetes. There also is no documentation with regards to physical exam or historical findings which would suggest further screening for these diseases. Therefore, the request is not medically necessary.