

Case Number:	CM13-0040510		
Date Assigned:	12/20/2013	Date of Injury:	08/14/2013
Decision Date:	06/04/2015	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/10/2013

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 08/14/2013. The mechanism of injury involved repetitive activity. The injured worker has been diagnosed with repetitive strain injury, rule out carpal tunnel syndrome of the right wrist, rule out cubital tunnel syndrome of the right medial epicondyle, cervical spine strain and myofascial pain syndrome of the right upper extremity. Treatment to date has included oral pain medication, bracing, application of heat and ice and physical therapy. The latest physician progress note submitted for review is documented on 09/11/2013. The injured worker presented for a followup evaluation regarding right wrist pain. It was noted that the injured worker had completed an initial course of physical therapy, and was pending authorization for a second course, as well as a course of acupuncture therapy. Upon examination, there was no apparent distress noted. There was full range of motion of the right wrist with pain at end range of motion. There were no sensory deficits, edema, or discoloration noted. There was also mild tenderness on the wrist extensors in the mid forearm region. Treatment recommendations at that time included activity modification, bracing, and continuation of Ultram on an as needed basis. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF ACUPUNCTURE TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, ACUPUNCTURE MEDICAL TREATMENT GUIDELINES AS OF 6/18/07.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The specific quantity of sessions was not listed in the request. The request also failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.

COMPREHENSIVE METABOLIC PANEL: 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 Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service.

Decision rationale: According to the American Association for Clinical Chemistry, a CMP test is routinely ordered as part of a blood workup for a medical exam or yearly physical. The CMP test may also be used as a broad screening tool to evaluate organ function or to check for conditions such as diabetes, liver disease and kidney disease. There is no indication of any signs or symptoms suggestive of an electrolyte imbalance or an acute abnormality secondary to liver or kidney function. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

COMPLETE BLOOD COUNT (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004 page 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the

requested service. Official Disability Guidelines do not specifically address the requested service.

Decision rationale: According to the American Association for Clinical Chemistry, a CBC test may be performed as part of a routine health examination. A CBC test may also be ordered when a patient has any number of signs and symptoms suggestive of a disorder affecting the blood cells. The injured worker has not been diagnosed with a disease known to affect blood cells. There is no evidence of any signs or symptoms suggestive of an abnormality due to a disorder affecting the blood cells. The medical necessity has not been established in this case. As such, the request is not medically necessary.

ERYTHROCRYTE SEDIMENTATION RATE (ESR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Plus. Online version. Chronic Pain Disorders, "Erythrocyte sedimentation rate and other inflammatory markers.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service.

Decision rationale: According to the American Association for Clinical Chemistry, an ESR test may be ordered when a condition or disease is suspected of causing inflammation in the body. The clinical documentation submitted did not indicate the injured worker had any major acute symptoms. The medical rationale for the specific laboratory testing has not been established in this case. Therefore, the request is not medically necessary.

ANTI-NUCLEAR ANTIBODIES (ANA): 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 Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service.

Decision rationale: According to the American Association for Clinical Chemistry, the antinuclear antibody test is used as a primary test to help evaluate a patient for autoimmune disorders that affect tissues and organs throughout the body. There is no indication that this injured worker is suffering from an autoimmune disorder. There are no signs or symptoms

suggestive of systemic lupus. The medical necessity has not been established. Therefore, the request is not medically necessary.

C-REACTIVE PROTEIN (CRP): 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 Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service.

Decision rationale: According to the American Association for Clinical Chemistry, a CRP test is nonspecific test that may be ordered when an individual is suspected for having a serious bacterial infection based on the medical history and signs and symptoms. There is no indication that this injured worker is suffering from an acute bacterial infection. The medical necessity for the requested laboratory testing has not been established. As such, the request is not medically necessary.

RHEUMATOID FACTOR (RF): 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 Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. Official Disability Guidelines do not specifically address the requested service.

Decision rationale: According to the American Association for Clinical Chemistry, the rheumatoid factor test may be ordered when a patient has signs or symptoms suggestive of rheumatoid arthritis. The clinical documentation provided failed to indicate any signs or symptoms suggestive of rheumatoid arthritis to include pain, warmth, swelling or morning stiffness in the joints. The medical necessity for the requested testing has not been established in this case. Therefore, the request is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, On-going Management; Opioids Page(s): 43, 78. Decision based on Non-MTUS Citation ACOEM; Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, and

Work Loss Data Institute, Official Disability Guidelines (ODG) in Workers Compensation, 9th Edition, 2011, Pain Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

PARAFFIN WAX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) Treatment in Workers Compensation, 9th Edition, 2013, Forearm, Wrist & Hand (Acute & Chronic) (updated 3/22/12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand & Wrist Chapter, Paraffin wax bath.

Decision rationale: California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. There was no evidence of a sensory or motor deficit upon examination. The medical necessity for the requested electrodiagnostic testing has not been established in this case. Therefore, the request is not medically necessary.

(EMG) ELECTROMYOGRAPHY OF THE RIGHT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. There was no evidence of a sensory or motor deficit upon examination. The medical necessity for the requested electrodiagnostic testing has not been established in this case. Therefore, the request is not medically appropriate.

