

Case Number:	CM13-0025478		
Date Assigned:	11/20/2013	Date of Injury:	08/22/2011
Decision Date:	12/31/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42 year old male with date of injury 08/21/11. The treating physician report dated 08/05/13 indicates that the patient presents with pain affecting the right knee. The physical examination findings reveal the patient's gait is mildly antalgic, patient rotates his right foot, laterally, to use the right knee less, patient has also lost ROM of the right knee. Patient does show weakness in the quadriceps that the treating physician rates 4+/5+ when compared to population norm. The patient underwent surgical intervention on the right knee on 05/08/13 which showed chondromalacia patella, grossly apparent. The current diagnoses are: 1. Pain, right knee 2. Chondromalacia patella, right 3. Instability, right knee The utilization review report dated 08/30/13 denied the request for Labs, Point of Contact Urine Drug Screen, and a follow up Ortho visit based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs (CBC, Haptic Panel, Chem 8): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The patient presents with right knee pain. The current request is for Labs (CBC, Hepatic Panel, Chem 8). The MTUS guidelines state, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." In this case the patient had Chem Panel and CBC labs completed prior to the treating physician's report dated 08/11/14. There is no indication that a Hepatic Panel was completed. The MTUS guidelines does not recommend repeat labs and there is no justification for a repeat of the CBC and Chem8 panel. While the patient may indeed require a hepatic panel, the treating physician has requested a repeat of labs that were previously performed. Therefore the request is not medically necessary.

Point of Contact Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 90-96.

Decision rationale: The patient presents with right knee pain. The current request is for Point of Contact Urine Drug Screen. The MTUS guidelines state, The MTUS guidelines state on page 43, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." MTUS does recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. The review of the reports provided do not show that the patient is using opioids or that the treater will be initiating a prescription for opioid usage. There is nothing in the reports provided to indicate that the patient is at risk for illegal drug usage. Therefore the request is not medically necessary.

Follow up visit with Ortho Times 1: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: The patient presents with right knee pain. The current request is for Follow Up Visit with Ortho Times 1. The ACOEM guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an

examinee or patient. In this case the treating physician indicates that the patient is unable to return to work in his current condition. The current request is supported by the ACOEM guidelines for specialty referral. Therefore the request is medically necessary.