

<b>Case Number:</b>	CM13-0037337		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/02/2009
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics, and is licensed to practice in New York, Pennsylvania, and Washington. 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 physician 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.

### 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 59 year old woman who sustained an industrial injury on 8/2/09 with involvement of internal organs, knees, shoulders, lower arms, wrists, elbows and mental status. She had an MRI of her left knee on 11/28/12 showing a joint effusion, mild sprain of left anterior cruciate ligament and tear of the posterior horn of the left medial meniscus with probable degeneration of the posterior horn of the lateral meniscus. She had a left knee arthroplasty in 10/11 with excision of the ganglion and anterior compartment synovectomy. Lab studies included in the medical record are from 4/18/13 including a basic metabolic panel, hepatic panel, complete blood count with differential and an arthritis panel. Significant findings were a minimal glucose elevation of 129 and a sedimentation rate of 24. A creatinine kinase was 55 and C - reactive protein was negative. An MD visit on 4/18/13 documented that she could not squat or kneel and had subjective 6/10 knee pain. Her knee pain was said to be worse with weight bearing, climbing steps and with a locking sensation. Her medications included naproxen, vicodin, soma, and omeprazole. An MD visit of 8/13/13 documented no changes in the physical exam as compared to the visit on 4/18/13. She was diagnosed with a tear of the medial cartilage and meniscus of her left knee. A steroid injection was requested as was knee arthrogram and MRI, quarterly labs and urine test. Upon MD evaluation of 9/9/13, MRI with left knee arthrogram, quarterly labs and a urine drug screen were again requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthrogram:** 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) Treatment Index, 9th Edition, Knee and Leg (acute and chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 327-358.

**Decision rationale:** This injured worker has a history of chronic pain since 8/09 with documented meniscus and anterior cruciate ligament sprain on MRI in 2012. She has had various treatment modalities including the following medications: naproxen, vicodin, soma, and omeprazole. Per the MTUS, an arthrogram can identify and define knee pathology such as a meniscus tear which is already diagnosed. It is not useful in other ligament strains, bursitis or tears. A steroid injection to her knee was approved as a treatment modality. Her PE did not reveal changes or worsening of her functional status and there were no red flags noted on PE to warrant further diagnostic studies such as an arthrogram. The left knee arthrogram is not medically necessary.

**Metabolic Panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 327-358, Chronic Pain Treatment Guidelines Page(s): 63-73, 84, 88, 91, 100.

**Decision rationale:** This injured worker has a history of chronic pain since 8/09 with documented meniscus and anterior cruciate ligament sprain on MRI in 2012. She has had various treatment modalities including the following medications: naproxen, vicodin, soma, and omeprazole. The worker had a normal metabolic panel completed in 4/13. She had normal renal function while on chronic NSAIDs. Based upon MTUS guidelines for monitoring of these medications and for chronic pain, the metabolic panel is not medically necessary.

**Hepatic Panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 327-358, Chronic Pain Treatment Guidelines Page(s): 63-73, 84, 88, 91, 100.

**Decision rationale:** This injured worker has a history of chronic pain since 8/09 with documented meniscus and anterior cruciate ligament sprain on MRI in 2012. She has had various treatment modalities including the following medications: naproxen, vicodin, soma, and omeprazole. The worker had a normal hepatic panel completed in 4/13. She had normal hepatic function while on these medications chronically. Based upon MTUS guidelines for monitoring of these medications and for chronic pain, the hepatic panel is not medically necessary.

Additionally, per the guidelines, laboratory studies have no ability to identify and define meniscus tears or sprains.

**Creatine Phosphokinase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 327-358, Chronic Pain Treatment Guidelines Page(s): 63-73, 84, 88, 91, 100.

**Decision rationale:** This injured worker has a history of chronic pain since 8/09 with documented meniscus and anterior cruciate ligament sprain on MRI in 2012. She has had various treatment modalities including the following medications: naproxen, vicodin, soma, and omeprazole. The worker had a normal CBC, CPK, hepatic, metabolic and arthritis panel completed in 4/13. Based upon MTUS guidelines for monitoring of these medications and for chronic pain, the CPK is not medically necessary. Her physical exam did not suggest acute infection or inflammation. Additionally, there were no red flags in her medical condition to warrant additional lab studies such as a CPK.

**C- Reactive Protein:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 327-358, Chronic Pain Treatment Guidelines Page(s): 63-73, 84, 88, 91, 100.

**Decision rationale:** This injured worker has a history of chronic pain since 8/09 with documented meniscus and anterior cruciate ligament sprain on MRI in 2012. She has had various treatment modalities including the following medications: naproxen, vicodin, soma, and omeprazole. The worker had a normal CBC, CPK, hepatic, metabolic and arthritis panel completed in 4/13. She had normal renal and hepatic function while on these medications chronically. Her c-reactive protein in 4/13 was also negative. Based upon MTUS guidelines for monitoring of these medications and for chronic pain, the c-reactive protein is not medically necessary. Her physical exam did not suggest acute infection or inflammation. Additionally, there were no red flags to her medical condition to suggest acute infection or inflammation to warrant additional lab studies such as a c-reactive protein.

**Arthritis Panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 327-358, Chronic Pain Treatment Guidelines Page(s): 63-73, 84, 88, 91, 100.

**Decision rationale:** This injured worker has a history of chronic pain since 8/09 with documented meniscus and anterior cruciate ligament sprain on MRI in 2012. She has had various treatment modalities including the following medications: naproxen, vicodin, soma, and omeprazole. The worker had a normal CBC, CPK, hepatic, c-reactive protein, metabolic and arthritis panel completed in 4/13. She had normal renal and hepatic function while on these medications chronically. Based upon MTUS guidelines for monitoring of these medications and for chronic pain, the arthritis panel is not medically necessary. Her physical exam did not suggest acute infection or inflammation. Additionally, there were no red flags to her medical condition to suggest acute infection or inflammation to warrant additional lab studies such as an arthritis panel.

**Complete Blood Count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 327-358, Chronic Pain Treatment Guidelines Page(s): 63-73, 84, 88, 91, 100.

**Decision rationale:** This injured worker has a history of chronic pain since 8/09 with documented meniscus and anterior cruciate ligament sprain on MRI in 2012. She has had various treatment modalities including the following medications: naproxen, vicodin, soma, and omeprazole. Based upon MTUS guidelines for monitoring of these medications and for chronic pain, the complete blood count is not medically necessary. The worker had a normal complete blood count, CPK, c-reactive protein, arthritis panel, metabolic panel and hepatic panel completed in 4/13 while on chronic NSAIDs. She does not meet the criteria for increased risk for gastrointestinal events as her age is < 65 years, she has no history of ulcer or GI bleeding, she is not using an anticoagulant or multiple NSAIDs. Also, her physical exam did not suggest acute infection or inflammation. The complete blood count in question is not medically necessary

**Urine Drug Screen:** 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) Pain Chapter, updated 1/20/12, section for a Urine Drug Test.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 327-358, Chronic Pain Treatment Guidelines Page(s): 77, 78.

**Decision rationale:** This injured worker has a history of chronic pain since 8/09 with documented meniscus and anterior cruciate ligament sprain on MRI in 2012. She has had various treatment modalities including the following medications: naproxen, vicodin, soma, and omeprazole. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has confirmed the use of

prescribed narcotics and acetaminophen. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.