

Case Number:	CM13-0056081		
Date Assigned:	12/30/2013	Date of Injury:	10/05/2010
Decision Date:	04/04/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Practice and is licensed to practice in Texas. 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. 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 64-year-old female who reported an injury on 10/05/2010. The mechanism of injury was not specifically stated. The patient is diagnosed as status post right total knee arthroplasty, degenerative joint disease of the left knee, and atypical pain in the right lower extremity. The patient was seen by [REDACTED] on 07/11/2013. The patient reported worsening pain in the right knee. Physical examination revealed full range of motion without instability and intact sensation. X-rays obtained in the office on that date indicated no evidence of complication of the right knee. Treatment recommendations included an MRI of the lumbar spine, a surgical evaluation, a 3 phase bone scan, and laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a

consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, there was no physical examination of the lumbar spine on the requesting date of 07/11/2013. There is no indication of an exhaustion of conservative treatment prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request for MRI of the lumbar spine is non-certified.

Three (3) phase bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluation most knee complaints until after a period of conservative care and observation. The Official Disability Guidelines state bone scan imaging is recommended after total knee replacement if pain caused by loosening of implant is suspected. As per the documentation submitted, the patient is status post right total knee arthroplasty. However, the patient's plain films obtained in the office on the requesting date of 07/11/2013 indicated no evidence of complication. The patient's physical examination revealed full range of motion, no effusion, no increase in warmth, and negative instability. The medical necessity has not been established. Therefore, the request for 3 phase bone scan is non-certified.

Lab test CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons (AAOS), pgs. 112.

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

Decision rationale: The Official Disability Guidelines state a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. As per the documentation submitted there is no evidence of signs or symptoms suggesting an abnormality. The medical necessity has not been established. As such, the request for Lab test CBC is non-certified.

Lab test ESR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons (AAOS), pgs. 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.com, Lab Tests Online

Decision rationale: The erythrocyte sedimentation rate is helpful in diagnosing 2 specific inflammatory diseases, temporal arteritis and polymyalgia rheumatica. As per the documentation submitted, the patient does not demonstrate signs or symptoms suggestive of an abnormality upon physical examination. The medical necessity has not been established. Therefore, the request for Lab test ESR is non certified.

Lab test CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons (AAOS), pgs. 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.labtestsonline.com, Lab Tests Online

Decision rationale: CRP may be used to detect or monitor significant inflammation in an individual who is suspected of having an acute condition. As per the documentation submitted, there is no evidence of inflammation upon physical examination. The patient does not demonstrate signs or symptoms suggesting an abnormality. The medical necessity has not been established. Therefore, the request for Lab test CRP is non-certified.

Four (4) view x-rays of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluation most knee complaints until after a period of conservative care and observation. As per the documentation submitted, the patient does not demonstrate significant musculoskeletal or neurological deficit upon physical examination. There is no evidence of an exhaustion of conservative treatment. The medical necessity has not been established. Therefore, the request for 4 view x-rays of the right knee is non-certified.

Consultation with a spine surgeon or psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no comprehensive physical examination of the lumbar spine submitted on the requesting date of 07/11/2013. There is also no evidence of an exhaustion of conservative treatment with regard to the lumbar spine prior to the request for a specialty consultation. Based on the clinical information received, the request is non-certified.