

Case Number:	CM14-0007692		
Date Assigned:	04/07/2014	Date of Injury:	07/12/2008
Decision Date:	05/08/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/14/2014

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 & 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 injured worker is a 51-year-old female who reported an injury on July 12, 2008. The documentation of June 19, 2013 revealed that the injured worker had an x-ray that showed a well-fixed anatomically placed total knee arthroplasty with no evidence of failure. Additionally, it indicated the injured worker had no locking, catching, giving way, swelling, chills, or fever. The physical examination revealed a range of motion from 0 degrees to 130 degrees of flexion with excellent stability and motor strength of 5-/5. It was indicated that the injured worker would have a recheck in one (1) year with an x-ray, or sooner if needed. The documentation from December 04, 2013 revealed that the injured worker had right knee pain. Upon physical examination, the injured worker had medial and lateral moderate tenderness and the knee was warm to touch and painful. The diagnosis was post trauma with partial knee replacement and the request was for an x-ray of the knee and labs for medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN X-RAY OF THE RIGHT KNEE: Overturned

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 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The ACOEM Guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma would be joint effusion within 24 hours of direct blow or palpable tenderness over the fibular head or patella and an inability to walk or weight bear, and an inability to flex the knee 90 degrees. The injured worker's prior examination in June 2013 indicated that the injured worker had no swelling or tenderness, and on examination in December 2013, the injured worker had tenderness and the joint was painful and warm to touch. Given the documentation of exceptional factors, the request is medically necessary.

LABORATORY WORK FOR MEDICATION MONITORING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

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

Decision rationale: The California MTUS Guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of the CBC and chemistry profile, including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks of starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review failed to indicate when the last laboratory testing was, as the injury was in 2008. There was a lack of documentation indicating a necessity for medication monitoring and there was a lack of documentation indicating the rationale for the monitoring. The request as submitted failed to indicate what laboratory work was being requested. Therefore, the request for laboratory work is not medically necessary.