

Case Number:	CM14-0103971		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2013
Decision Date:	10/07/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine 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 63 year old male who sustained an injury to his left knee on 05/10/13. The records indicate that the injured worker is status post left total knee arthroplasty. The clinical note dated 06/20/14 reported that the injured worker had a PIP line removed by a nurse at his home. The injured worker was receiving antibiotics after developing a septic infection of the left knee status post surgical intervention. Current medications included Norco and Ultram. Physical examination noted no more swelling noted in the left knee/leg. A toxicology report dated 05/30/14 was negative, indicating that the injured worker was not taking his medications as prescribed. The treating physician opined that the injured worker needed to be readmitted into the hospital due to infection and chromatography was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography: 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: Wheelless Textbook of Orthopedics online-Laboratory and Radiographic Workup for Osteomyelitis

Decision rationale: The previous request was denied on the basis that the injured worker is status post total knee arthroplasty dated 04/12/14; however, details regarding the need for this study are not adequately stated. It was noted that updated notes with clear documentation regarding the need for this test to adequately review and support the request were needed. There was no additional information provided that would indicate a clear rationale for this study. After reviewing the clinical documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for chromatography is not indicated as medically necessary.