

<b>Case Number:</b>	CM14-0023531		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/21/2006
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Orthopedic Surgery 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 49-year-old male who has submitted a claim for right knee medial meniscus tear associated from an industrial injury date of August 21, 2006. Medical records from 2014 were reviewed, the latest of which dated January 22, 2014 showing the patient complains of constant sharp, stabbing, throbbing right knee pain. The patient rates the pain at rest as 5/10 and with activity as 9/10. Pain increases with walking, standing, running, kneeling, squatting, going up the stairs, lifting, carrying, pulling and pushing. Pain decreases with sitting, medication, rest, heat, and lying down. The patient also complains of weakness, swelling, depression, anxiety and insomnia. On physical examination, there is tenderness along the medial joint line of the right knee. McMurray's test is positive for pain medially. Treatment to date has included left knee arthroscopic surgery, neck braces, back braces, knee braces, custom orthotics, physical therapy, and medications which include Vicoprofen, and Neurontin. Utilization review from February 7, 2014 denied the request for 1 Pre-Operative Lab Test For CMP (Cytidine Monophosphate) because it was unclear if the patient was utilizing medications that would predispose the patient to electrolyte abnormalities or renal failure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRE-OPERATIVE LAB TEST FOR CMP (CYTIDINE MONOPHOSPHATE): 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 OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG CHAPTER.

**Decision rationale:** CA MTUS does not address the topic on cytidine monophosphate. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Divisions of Workers Compensation, and the Official Disability Guidelines was used instead. ODG states that preoperative laboratory testing is recommended for specific indications. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, preoperative laboratory test for cytidine monophosphate was requested; however, the rationale is unknown due to lack of documentation. There is no indication that the patient suffers from a disease that predisposes to electrolyte abnormalities or renal failure. Moreover, there is no subjective or objective finding that warrants further investigation of cytidine monophosphate. Based on my review of this case, there is likely an error in submission of the request versus an error in the interpretation of that request for pre-op labs. I strongly suspect that "CMP" refers to BMP, an acronym for a Basic Metabolic Panel, a very reasonable pre-op screening lab to assess renal function for a patient over 40 years of age who is planned to undergo a general anesthetic and/or major surgical procedure. A pre-op BMP would be recognized as rational and appropriate unless this patient has had a similar such study in the last 3-6 months with findings that are within normal limits. However, the request for 1 Pre-Operative Lab Test For CMP (Cytidine Monophosphate), as submitted here, is not medically necessary.