

Case Number:	CM14-0026197		
Date Assigned:	06/13/2014	Date of Injury:	04/09/2012
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopaedic 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 injured worker is a 50-year-old male injured on April 9, 2012. The mechanism of injury was not listed in these records reviewed. The progress note, dated January 21, 2014, indicated that there were ongoing complaints of right foot fifth metatarsal pain. The physical examination demonstrated a nondisplaced oblique intra-articular fracture and degenerative changes of the right first metatarsophalangeal joint. An x-ray and a podiatry referral were recommended. The most recent note, dated April 16, 2014, stated that the injured employee complained of right foot pain at 3-4/10. The physical examination of the right foot noted no edema, erythema or bony deformity. The injured employee walked with a non-antalgic gait. There was full range of motion of the right foot but with mild discomfort. There were diagnoses of right Achilles tendinitis and right foot tendinitis. An x-ray was ordered in preparation for a functional capacity evaluation. A request had been made for a complete blood count, C-reactive protein, and creatine phosphokinase and was not certified in the pre-authorization process on January 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPLETE BLOOD CELL COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80,94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Treatment / Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), updated 6/10/14.

Decision rationale: According to the medical record provided, there is no attached justification for a complete blood count, C-reactive protein, or creatine phosphokinase laboratory test nor is there any history provided that would account for needing these tests. Based on the above Official Disability Guidelines have not been met. For these reasons, this request for a C-reactive protein, complete blood count, and creatine phosphokinase test is not medically necessary.

C-REACTIVE PROTEIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80,94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Treatment / Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), updated 6/10/14.

Decision rationale: According to the medical record provided, there is no attached justification for a complete blood count, C-reactive protein, or creatine phosphokinase laboratory test nor is there any history provided that would account for needing these tests. Base on the above the Official Disability Guidelines have not been met. For these reasons, this request for a C-reactive protein, complete blood count, and creatine phosphokinase test is not medically necessary.

CREATINE PHOSPHOKINASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80,94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):ODG Treatment / Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), updated 6/10/14.

Decision rationale: According to the medical record provided, there is no attached justification for a complete blood count, C-reactive protein, or creatine phosphokinase laboratory test nor is there any history provided that would account for needing these tests. Base on the above Official Disability Guidelines have not been met. For these reasons, this request for a C-reactive protein, complete blood count, and creatine phosphokinase test is not medically necessary.

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80,94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Treatment / Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), updated 6/10/14.

Decision rationale: According to the medical record provided, there is no attached justification for a urinalysis along with a complete blood count, C-reactive protein, or creatine phosphokinase laboratory test nor is there any history provided that would account for needing these tests. Based on the above Official Disability Guidelines have not been met. For these reasons, this request for a urinalysis is not medically necessary.