

Case Number:	CM14-0038285		
Date Assigned:	06/25/2014	Date of Injury:	03/09/2009
Decision Date:	08/20/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/01/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 41 year old male who sustained an industrial injury on 03/09/2009. The mechanism of injury was not provided for review. His diagnoses include right knee arthralgia, chondromalacia patella, s/p arthroscopic surgery, left knee complex medical meniscus tear and right knee medical meniscus tear. On exam there is pain along the medial joint lines. There is a positive mcmurray of the left knee. Strength is 5/5 in both knees. Treatment has included medication, surgery and injections. the claimant developed abdominal pain from medical therapy and has undergone an evaluation and has been treated with proton pump inhibitor therapy (Omeprazole). The treating provider has requested a CRP, ESR, H. pylori, Stool AG, and serum acetaminophen and salicylate levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasting Labs: CRP (C-reactive protein): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the treatment guidelines periodic lab monitoring of a complete blood count and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic Non-steroidal anti-inflammatory drug (NSAID) therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. Medical necessity has not been established. The requested item is not medically necessary.

Fasting Labs: ESR (Erythrocyte sedimentation rate): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the treatment guidelines periodic lab monitoring of a complete blood count and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic Non-steroidal anti-inflammatory drug (NSAID) therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. Medical necessity has not been established. The requested item is not medically necessary.

Fasting Labs: H. pylori: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is no indication for the requested study. Compared to 13C-UBT and the SATs, H pylori serology is inferior for the diagnosis of active infection and not useful for controlling therapeutic success. Serology should be considered in case of peptic bleeding ulcers, MALT lymphoma, gastric atrophy or ongoing Proton-pump inhibitors (PPI) therapy. Medical necessity has not been established. The requested item is not medically necessary.

Fasting Labs: stool AG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is no indication for the requested study. The sensitivity and specificity of the test vary in different clinical settings (pretreatment/post-treatment), with the

monoclonal EIA yielding the best diagnostic accuracy (88-100%) in populations with low H. pylori prevalence, the combination of the SAT with the urea breath test or serology is suggested to be the best diagnostic method. Medical necessity has not been established. The requested item is not medically necessary.

Fasting Labs: Serum Acetaminophen and Salicylate: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the treatment guidelines periodic lab monitoring of a complete blood count and chemistry profile which includes liver and renal function tests is recommended for patients maintained on chronic Non-steroidal anti-inflammatory drug (NSAID) therapy. There has been a recommendation to measure liver function within 4 to 8 weeks after starting therapy but there is no established interval for follow-up testing. There is no specific indication that the requested study will alter the present treatment plan. Medical necessity has not been established. The requested item is not medically necessary.