MAXIMUS Federal Services

Case Number:	CM14-0047064		
Date Assigned:	07/02/2014	Date of Injury:	07/05/2013
Decision Date:	08/01/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 58-year-old male who reported an injury on 07/05/2013. The injury happened when he was loading a trailer with mattresses and took a large step forward between the trailer and dock and caused him a sudden onset of pain in the left knee. On 01/23/2014, the injured worker had complaints of left knee pain. There was no physical examination provided. The diagnoses were sprain/strain of the cruciate; sprain/strain of the ankle; pain in joint, lower leg; tear of the medial meniscus of the knee. Previous treatment includes medications including NSAIDs and physical therapy. The provider recommended a complete blood count, 1 sequential multiple analysis 20, 1 urinalysis, and 1 prothrombin type/partial thromboplastin time. The provider's rationale was not provided. The rudest for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Complete Blood Count: 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 NSAID's Page(s): 70.

Decision rationale: The California MTUS Guidelines recommend periodic lab monitoring of a chemistry profile including liver and renal function tests. The guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy with interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is however, recommended. The included medical documents did not indicate the last time that the injured worker performed a CBC. The provider's rationale for the request was not provided. As such, the request is not medically necessary.

1 Sequential Multiple Analysis 20 (SMA 20): 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), Low Back, Preoperative Testing.

Decision rationale: The Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in preoperative management. Laboratory tests, besides generating high and unnecessary costs are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if injured workers within normal tests will have a preoperative modified approach. The medical documents lack evidence of a high surgical risk or physical exam findings that would be indicative of preoperative lab testing. It was not documented when the laboratory monitoring was last performed for the injured worker and the provider's rationale was not provided. As such, the request is not medically necessary.

1 Urinalysis: 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 Urine Drug Test Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend a urinalysis as an option to assess for the use or present of illegal drugs. They may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. It was unclear when the last urine drug screen was performed. There is no evidence of opioid use. The provider's rationale was not provided. As such, the request is not medically necessary.

1 Prothrombin Time/Partial Thromboplastin Time: 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) Low Back, Preoperative Testing.

Decision rationale: The Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in preoperative management. Laboratory tests, besides generating high and unnecessary costs are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if injured workers within normal tests will have a preoperative modified approach. The medical documents lack evidence of a high surgical risk or physical exam findings that would be indicative of preoperative lab testing. It was not documented when the laboratory monitoring was last performed for the injured worker and the provider's rationale was not provided. As such, the request is not medically necessary.