

Case Number:	CM14-0065530		
Date Assigned:	07/11/2014	Date of Injury:	06/30/2008
Decision Date:	08/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 Pulmonary Diseases 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 reported an injury on 06/30/2008. The mechanism of injury was not provided. On 03/05/2014, the injured worker was seen for discussion regarding potential knee revision. Upon physical examination, there was a grossly unstable left knee with 2+ varus and 2+ valgus laxity. Minimal effusion and neurovascular exam was intact. There was diffuse positive tension signs bilaterally with discomfort at 15 degrees of hip flexion. Undated x-ray of the left knee revealed potential loosening of the femoral and tibial components. The diagnoses were multilevel lumbar degenerative disc disease with lumbar radiculopathy as potential source of the left lower extremity pain, total left knee replacement grossly unstable from ligamentous perspective, and potential loosening of tibia and femoral components. Prior treatment included medications. The provider recommended a C-reactive protein and ESR (Erythrocyte Sedimentation Rate) lab testing. The provider's rationale was not provided. The request 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:

C-reactive protein: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative testing.

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 request for a C-reactive protein is non-certified. The Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young injured workers 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 with abnormal tests will have a postoperative modified approach. The medical documents lack evidence of a high surgical risk, or physical exam findings that would be indicative of lab preoperative testing. There was lack of evidence of when laboratory monitoring was last performed for the injured worker. Additionally, although there has been discussion with the injured worker about a revision procedure in the future, there is no mention of a surgery date or the injured worker's agreement to surgery. As such, the request is non-certified.

ESR (Erythrocyte Sedimentation Rate): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pre-operative testing.

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 request for ESR protein is non-certified. The Official Disability Guidelines state preoperative additional tests are excessively ordered, even for young injured workers 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 with abnormal tests will have a postoperative modified approach. The medical documents lack evidence of a high surgical risk, or physical exam findings that would be indicative of lab preoperative testing. There was lack of evidence of when laboratory monitoring was last performed for the injured worker. Additionally, although there has been discussion with the injured worker about a revision procedure in the future, there is no mention of a surgery date or the injured worker's agreement to surgery. As such, the request is non-certified.