

Case Number:	CM14-0068954		
Date Assigned:	07/14/2014	Date of Injury:	04/28/2001
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 60 year old male who initially presented with left knee pain. The injured worker stated the initial injury occurred in 2001 when he had a fall resulting in the left knee pain. The clinical note dated 04/23/14 indicates the injured worker having previously undergone a left sided scope with a scar resection. The injured worker also underwent a total knee arthroplasty with a revision. The most recent procedure took place in 04/2012 which did result in improved range of motion at the left knee. The note indicates the injured worker having undergone 12 sessions of physical therapy addressing the left knee complaints. The injured worker was also provided with a Kenalog and Lidocaine injection on 03/05/14 which provided no significant benefit. Upon exam, the injured worker was able to demonstrate 2-100 degrees of range of motion at the left knee along with 4-/5 strength at the quadriceps. The injured worker continued with complaints of weakness as well as increased pain throughout the left leg. The note indicates the injured worker requiring a cane for ambulatory assistance. The injured worker was recommended for lab studies to rule out prosthetic loosening versus infection. The injured worker was also recommended for a computed tomography scan of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab studies to rule out prosthetic loosening versus infection: CRP, CBC, ESR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 1-2. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

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 Chapter, Preoperative lab testing.

Decision rationale: The request for lab studies to rule out prosthetic loosening versus infection to include a C-reactive protein test, complete blood count, and erythrocyte sedimentation rate is not medically necessary. The documentation indicates the injured worker complaining of left knee pain with associated strength deficits. The clinical notes indicate the injured worker having been requested for a computed tomography (CT) scan of the left knee. No CT results were submitted for review. Additionally, no information was submitted regarding the injured worker's preliminary studies indicating an infection at the left knee. Additionally, no exam findings were submitted confirming the possibility of an infection. Given these factors, the request is not indicated as medically necessary.