Case Number:	CM14-0191912		
Date Assigned:	01/06/2015	**Date of Injury:**	10/17/2004
Decision Date:	02/11/2015	**UR Denial Date:**	10/23/2014
Priority:	Standard	**Application Received:**	11/17/2014

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 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:

This is a 54 year old male patient who sustained a work related injury on 10/7/04. Patient sustained the injury when he tripped and rolled down. The current diagnoses include Right knee aseptic loosening of a revision knee replacement. Per the doctor's note dated 10/2/14, patient has complaints of right sided knee pain. Physical examination of the right knee revealed range of motion from 0 to 90 degrees; knee was stable and painful with stress testing. Per the doctor's note dated 12/12/14 patient had complaints of pain and discomfort in the right knee. Physical examination of the right knee revealed no evidence of infection, range of motion 10 to 90 degrees, pain with attempted varus and valgus stress, pain with patellofemoral grind, pain with palpation along the course of his patellar tendon, pain with attempted weight bearing and walks with an antalgic gait with a shortened swing phase, sensation was diminished in a stocking distribution. The current medication lists include Aspirin, Motrin, and Xanax. The patient has had a X-ray and bone scan of the of the right knee that revealed tibial loosening and femoral loosening. The patient's surgical history include knee surgery; rotator cuff repair; arthroscopic shoulder surgery (bilateral); total knee replacement (right); arthroscopic knee surgery (left, bilateral); spinal fusion (cervical); spinal decompression (cervical, lumbar); ulnar nerve surgery (left); tonsillectomy; appendectomy and neck disc surgery. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sed Rate: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PubMed The role of biomarkers in the management of patients with rheumatoid arthritis. Curr Rheumatol Rep. 2009;11(5):371. PubMed Rheumatoid arthritis: relation of serum C-reactive protein and erythrocyte sedimentation rates to radiographic changes. Br Med J. 1977;1(6055):195.

Decision rationale: ACOEM and ODG guideline do not specifically address this issue. Hence other references were used. As per cited guideline "Assessment of disease activity and severity is currently based on a combination of clinical and laboratory parameters that aid treatment decisions. Use of biomarkers may provide a more accurate means of objectively assessing the disease. .."Serum C reactive protein (CRP) levels and erythrocyte sedimentation rates (ESR) were measured in 56 patients..... Radiographical damage, based on a count of erosions, was significantly more likely to occur when serum CRP and ESR were persistently raised, irrespective of the presence or absence of rheumatoid factor. Measurements of both CRP and ESR were more helpful than either alone, but CRP was probably the more informative...." Patient sustained the injury when he tripped and rolled down. The current diagnoses include Right knee aseptic loosening of a revision knee replacement. Per the doctor's note dated 10/2/14, patient has complaints of right sided knee pain and physical examination of the right knee revealed range of motion from 0 to 90 degrees, knee was stable and painful with stress testing. Per the doctor's note dated 12/12/14 patient had complaints of pain and discomfort in the right knee. Physical examination of the right knee revealed no evidence of infection, range of motion 10 to 90 degrees, pain with attempted varus and valgus stress, pain with patellofemoral grind, pain with palpation along the course of his patellar tendon, pain with attempted weight bearing and walks with an antalgic gait with a shortened swing phase, sensation was diminished in a stocking distribution. The patient has had X-ray and bone scan of the right knee that revealed tibial loosening and femoral loosening. The patient's surgical history include knee surgery; rotator cuff repair; arthroscopic shoulder surgery (bilateral); total knee replacement (right); arthroscopic knee surgery (left, bilateral); spinal fusion (cervical); spinal decompression (cervical, lumbar); ulnar nerve surgery (left); tonsillectomy; appendectomy and neck disc surgery.The patient has had a total knee replacement which could be infected. This could be one of the reasons for loosening of the knee replacement. An ESR / Sed rate would help to screen for the presence of a subtle sub clinical infection of the knee implant. Therefore the lab Sed Rate (ESR) would aid in further management. The request for Sed Rate is medically necessary and appropriate.

CRP test: Overturned

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 Other Medical Treatment Guideline or Medical

Evidence: PubMed The role of biomarkers in the management of patients with rheumatoid arthritis. Curr Rheumatol Rep. 2009;11(5):371. PubMed Rheumatoid arthritis: relation of serum C-reactive protein and erythrocyte sedimentation rates to radiographic changes. Br Med J. 1977;1(6055):195.

Decision rationale: ACOEM and ODG guideline do not specifically address this issue. Hence other references were used. As per cited guideline "Assessment of disease activity and severity is currently based on a combination of clinical and laboratory parameters that aid treatment decisions. Use of biomarkers may provide a more accurate means of objectively assessing the disease. .."" Serum C reactive protein (CRP) levels and erythrocyte sedimentation rates (ESR) were measured in 56 patients. Radiographical damage, based on a count of erosions, was significantly more likely to occur when serum CRP and ESR were persistently raised, irrespective of the presence or absence of rheumatoid factor. Measurements of both CRP and ESR were more helpful than either alone, but CRP was probably the more informative...." Patient sustained the injury when he tripped and rolled down. The current diagnoses include Right knee aseptic loosening of a revision knee replacement. Per the doctor's note dated 10/2/14, patient has complaints of right sided knee pain and physical examination of the right knee revealed range of motion from 0 to 90 degrees, knee was stable and painful with stress testing. Per the doctor's note dated 12/12/14 patient had complaints of pain and discomfort in the right knee. Physical examination of the right knee revealed no evidence of infection, range of motion 10 to 90 degrees, pain with attempted varus and valgus stress, pain with patellofemoral grind, pain with palpation along the course of his patellar tendon, pain with attempted weight bearing and walks with an antalgic gait with a shortened swing phase, sensation was diminished in a stocking distribution. The patient has had X-ray and bone scan of the right knee that revealed tibial loosening and femoral loosening. The patient's surgical history include knee surgery; total knee replacement (right); arthroscopic knee surgery (left, bilateral); spinal fusion (cervical); spinal decompression (cervical, lumbar). The patient has had a total knee replacement which could be infected. This could be one of the reasons for loosening of the knee replacement. A CRP would help to screen for the presence of a subtle sub clinical infection of the knee implant. The request for the CRP is medically necessary and appropriate.