

<b>Case Number:</b>	CM14-0204229		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; total knee arthroplasty; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated December 3, 2014, the claims administrator failed to approve requests for Norco, erythrocyte sedimentation, C-reactive protein, and 'survey' panel. A partial approval of Norco was apparently issued, seemingly for weaning purposes. The claims administrator referenced a November 11, 2014 progress note in its determination. On said November 11, 2014 progress note, the applicant reported persistent complaints of knee pain reportedly attributed to an industrial contusion injury. The applicant reported highly variable 5 to 9/10 pain, frequent. The applicant was using Tylenol and vitamins, it was stated in one section of the note. The applicant exhibited a visibly antalgic gait. Some wasting of the left ankle musculature was noted. Hypo-sensorium was noted about the left ankle. The applicant had unresolved questions regarding the etiology of her residual knee pain. The attending provider posited that the applicant might have residual infection versus prosthetic loosening versus poorly fitting prosthetic joint. The applicant reportedly had issues with instability and atrophy about the prosthetic joint. X-rays, a CBC with differential, sedimentation rate, C-reactive protein, and "general survey panel" were sought. Norco was endorsed on a trial basis on this date

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 5mg/m325mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen section Page(s): 91.

**Decision rationale:** The request for Norco did represent a first-time request, initiated for the first time on the November 11, 2014 progress note at issue. On that date, the applicant presented reporting moderate-to-severe, 5 to 9/10 knee pain. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, hydrocodone-acetaminophen (Norco) is, in fact, indicated for moderate-to-moderately severe pain, as was/is present here on or around the date in question. Therefore, the request is medically necessary.

**Sedimentation rate: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/esr/tab/test>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1,348. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology (ACR) Appropriateness Criteria-Imaging After Total Knee Arthroplasty.

**Decision rationale:** The MTUS Guideline in ACOEM Chapter 13, Algorithm 13-1, page 348, does note that CBC and ESR testing are recommended in applicants who have red flags for inflammation or infection present. Here, the requesting provider has suggested that he suspects a periprosthetic infection following an earlier total knee arthroplasty. Similarly, the American College of Radiology (ACR) and American Academy of Orthopedic Surgery (AAOS) likewise note that the erythrocyte sedimentation rate (ESR) can be employed as a screening test for periprosthetic infection, as was/is suspected here. Here, the attending provider has suggested that the periprosthetic infection may very well represent the source of the applicant's residual knee complaints status post earlier total knee arthroplasty. The proposed sedimentation rate, thus, is indicated. Therefore, the request is medically necessary.

**C-reactive protein: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/crp/tab/test>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-1,331. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: American College of Radiology (ACR) Appropriateness Criteria-Imaging After Total Knee Arthroplasty.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-1, page 331, an abnormal CBC, ESR, and, by implication, an abnormal C-reactive protein (CRP) are laboratory markers of septic arthritis, a condition essentially analogous to the periprosthetic infection suspected here. The attending provider has stated that he believes that periprosthetic infection versus mal-fitting prosthesis versus prosthetic loosening represents the source of the applicant's residual knee pain complaints. The American College of Radiology (ACR) offers more explicit support for the usage of CRP testing for applicants, in whom a periprosthetic infection is suspected, noting that it does represent a good screening tool for the same. Therefore, the request is medically necessary.

**Survey panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1,348.

**Decision rationale:** It is not clear precisely what the request represents. The request appears to represent some form of request for laboratory testing. While the MTUS Guideline in ACOEM Chapter 13, Algorithm 13-1, page 348 does support usage of CBC and ESR testing in applicants in whom there are red flags for infection or inflammation, in this case, however, ESR and CRP testing have been approved, above. It is not clear what the remaining item in the 'survey panel' at issue, represents. Therefore, the request is not medically necessary.