

<b>Case Number:</b>	CM14-0205202		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Physical Medicine Rehab 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:

According to the records made available for review, this is a 35-year-old female with a 4/15/13 date of injury, and status post right knee arthroscopy, arthroscopic plicectomy and synovectomy, arthroscopic lateral retinacular release 6/16/14. At the time (10/28/14) of request for authorization for CMP, there is documentation of subjective (7-8/10 right knee pain) and objective (right knee tenderness on medial and lateral joint line) findings, current diagnoses (knee pain, chronic pain syndrome, encounter for long term (current) use of other medications, and encounter for therapeutic drug monitoring), and treatment to date (medications (including ongoing treatment with Soma and Percocet) and physical therapy). Medical report identifies a plan for CMP to evaluate renal and hepatic function due to ongoing medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMP:** 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: Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm)).

**Decision rationale:** MTUS and ODG do not address the issue. The statutory basis for Medicare is found in Title 18 of the Social Security Act. Paragraph 1862(a)(1)(A) defines reasonable and necessary as those tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part. Tests and procedures defined as experimental by the Food and Drug Administration (FDA) or the Health Care Financing Administration (HCFA) are not considered reasonable. FDA approval does not also automatically mean medical necessity. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of knee pain, chronic pain syndrome, encounter for long term (current) use of other medications, and encounter for therapeutic drug monitoring. In addition, given documentation of ongoing treatment with Soma and Percocet and a plan identifying CMP to evaluate renal and hepatic function due to ongoing medication use, there is documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for CMP is medically necessary.