

<b>Case Number:</b>	CM15-0103145		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 52 year old male, who sustained an industrial injury on 5/9/14. He reported working on a machine and his colleague put a metal sheet next to him, which he was not aware of. The injured worker stepped on it and fell face forward. He sustained injury to his face, head, neck, back and knees. The injured worker was diagnosed as having right knee osteoarthritis with medial and lateral meniscus tears, post-concussion syndrome and history of previous right knee arthroscopy. Treatment to date has included NSAIDs and right knee x-rays. As of the PR2 dated 5/20/15, the injured worker reports he received clearance from neurologist for surgery and wants to proceed. He states his headaches are better. Objective findings include right knee range of motion is -5 to 110 degrees with crepitation and snapping, pain with McMurray test and straight leg raise test is positive at 40 degrees. The treating physician noted that a formal written clearance letter had not yet been received by the neurologist. The treating physician requested routine blood work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Routine blood work: CMP, CBC with diff and PTT, B12 & folate, hemoglobin A1c, magnesium, RPR, triiodothyronine, T3 uptake, TSH (3rd generation), & vitamin D, 25 hydroxy: Upheld**

**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 Uptodate: Diagnosis and treatment of vitamin B12 and folate deficiency, diagnostic testing for syphilis, acute phase reactants, Diagnosis of and screening for hypothyroidism in non-pregnant adults, Causes and diagnosis of iron deficiency anemia in the adult, Diagnosis of and screening for hypothyroidism in non-pregnant adults, Screening for type 2 diabetes mellitus and Vitamin D deficiency in adults: Definition, clinical manifestations, and treatment.

**Decision rationale:** This injured worker has a history of chronic pain. The worker had no cardiac, hepatic or esophageal symptoms documented. There were no historical or exam findings for toxicity or side effects of medications. He has no history of thyroid disease, anemia, osteoporosis, or diabetes. There is no documentation of issues with compliance with medications or dosage and no symptoms of any toxicity. The physician visit does not substantiate the clinical reasoning or medical necessity for routine blood work: CMP, CBC with diff and PTT, B12 & folate, hemoglobin A1c, magnesium, RPR, triiodothyronine, T3 uptake, TSH (3rd generation), & vitamin D, 25 hydroxy. The requested treatment is not medically necessary.