

Case Number:	CM15-0103595		
Date Assigned:	06/08/2015	Date of Injury:	11/25/2011
Decision Date:	07/31/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 70-year-old male who sustained an industrial injury on November 26, 2011. He has reported injury to the right knee and has been diagnosed with right hip greater trochanteric bursitis, status post right total knee replacement, persistent pain of unknown etiology, IT band bursitis, lateral right knee, and painful bunion, right 1st MTP joint. Treatment has included surgery, injections, and medications. There was tenderness to palpation to the right gluteal area and right lumbar paraspinal area. There was decreased lumbar spine range of motion secondary to pain. The right hip revealed tenderness over the right trochanteric bursa/greater trochanter. There was tenderness over the IT band at the lateral distal femoral epicondyle. The treatment request included memory lymphocyte immunostimulation assay nickel allergy blood test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Memory lymphocyte immunostimulation assay nickel allergy blood test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neuro Endocrinol Lett. 2006 Dec; 27 Suppl 1:17-24, Neuro Endocrinol Lett. 2007 Oct, 28 (5):III.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17261998>.

Decision rationale: Pursuant to the Neurology Endocrine Letter, Memory lymphocyte immune-stimulation assay nickel allergy blood test is not medically necessary. The optimized LTT-MELISA test is a clinically useful and reliable tool for identifying and monitoring metal sensitization in symptomatic metal-exposed individuals. In this case, the injured workers working diagnoses are right hip greater trochanteric bursitis; status post right totally arthroplasty with persistent pain unknown etiology; IT band bursitis lateral right knee; and painful bunion right first MTP joint. A June 10, 2015 progress note states the injured worker at a total knee arthroplasty performed April 7, 2014. There is ongoing right knee pain 6/10 swelling and pain that radiates down the leg. Objectively, range of motion is 0 to 120. There were no neurological or vascular abnormalities. There was tenderness the palpation. The documentation medical record does not contain subjective or objective evidence the injured worker is suffering from any form of metal exposure. The injured worker had bilateral aspiration of the knees. The injured worker underwent a total knee replacement on the right. Despite the total knee arthroplasty, the left knee arthrocentesis yielded a greater amount of fluid (16 mL versus 7 mL on the right). The injured worker is scheduled for a bone scan. A bone scan was requested on May 20, 2015 and authorized on June 10, 2015. Consequently, absent clinical documentation with subjective and objective clinical information to support the performance of a Memory lymphocyte immune-stimulation assay nickel allergy blood test, Memory lymphocyte immune- stimulation assay nickel allergy blood test is not medically necessary.