

Case Number:	CM15-0145416		
Date Assigned:	08/06/2015	Date of Injury:	08/14/2004
Decision Date:	09/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 8-14-2004. She reported she impacted the left knee. Diagnoses include osteoarthritis of the knee; status post total knee arthroplasty, right knee, with re-operation in 2013. Treatments to date include anti-inflammatory, NSAID, and physical therapy. Several documents included in the submitted medical records are difficult to decipher. Currently, she complained of bilateral knee pain and instability episodes. On 3-10-15, the physical examination documented diffuse tenderness and mild swelling. The plan of care included home exercises, anti-inflammatory and NSAID. The appeal request was for a CBC, Sedimentation rate, and C-reactive Protein per a 6-1-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st Edition, Chapter 8 - Interpreting Laboratory Results, as well as the online resource <http://labtestsonline.org>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laposta M (ed) Laboratory Medicine Diagnosis of Disease in Clinical Laboratory (2E) 2014.

Decision rationale: CA MTUS and ODG do not address CBC. The CBC can be used to help detect infection/inflammation. In this case, there are no local signs of infection. There are no red flags. There is no fever. On examination of the knee there is only mild swelling and diffuse tenderness to palpation. The provider indicates that the patient has a low likelihood of per- prosthetic infection from a previous total knee replacement. Therefore, the request for a CBC is not medically necessary.

Sedimentation rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st Edition, Chapter 8 - Interpreting Laboratory Results, as well as the online resource <http://labtestsonline.org>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laposta M. Laboratory Medicine Diagnosis of Disease in Clinical Laboratory (2E) 2014.

Decision rationale: CA MTUS/ACOEM/ODG do not specifically address the sedimentation rate. The test can be used to help detect infection/inflammation. This patient presents with no red flags for infection/inflammation. There is no fever. The only physical findings are tenderness to palpation about the knee and mild swelling. The provider indicates that the likelihood of a peri-prosthetic infection from the previous total knee replacement 2 years ago is low. There are no previous studies or other signs of infection. Therefore, the request for a sedimentation rate is deemed not medically necessary.

C-reactive protein: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st Edition, Chapter 8 - Interpreting Laboratory Results, as well as the online resource <http://labtestsonline.org>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laposta, M. (ed) Laboratory Medicine Diagnosis of Disease in Clinical Laboratory (2E) 2014.

Decision rationale: CA MTUS/ACOEM-ODG do not address the use of a C-reactive protein test (CRP). The CRP is used to help detect infection/inflammation in the body. In this case, the patient has no local signs of infection. She had a total knee replacement 2 years ago, however her provider believes there is a low likelihood of per-prosthetic infection. The patient has no history of fever. The only signs are mild swelling about the knee and diffuse tenderness to palpation. There are no previous studies or other signs of infection present. There are no objective findings consistent with infection. Therefore, the request for a CRP is not medically necessary or appropriate.