

Case Number:	CM15-0161483		
Date Assigned:	08/27/2015	Date of Injury:	10/05/2007
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 41 year old male who sustained an industrial injury on 10-5-07. He had complaints of left leg, left foot and right knee pain. Treatments include: medication, injections, intrathecal fentanyl, left foot surgery amputation of 3rd and 4th toes, right knee arthroscopy, right carpal tunnel release, right knee medial lateral meniscectomy and chondroplasty. Progress report dated 7-24-15 reports continued complaints of left leg and right knee pain described at moderate to severe, aching, burning, sharp and fire. The pain is made worse with prolonged standing or walking and is improved by sitting. The injured worker report 90% relief of his lower extremity pain after the intrathecal trial of fentanyl. During the trial, he was able to run a half-mile pain free. Diagnoses include: complex regional pain syndrome type I unspecified internal derangement of the right knee. Plan of care includes: recommend intrathecal pump system implantation, medications prescribed by primary treating physician, return to clinic post pump system implantation. Work status: permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Nasal Swab for MRSA: 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 Targeted surveillance of methicillin-resistant Staphylococcus aureus and its potential use to guide empiric antibiotic therapy. Harris AD, Furuno JP, Roghmann MC, Johnson JK, Conway LJ, Venezia RA, Standiford HC, Schweizer ML, Hebden JN, Moore AC, Perencevich EN. Antimicrob Agents Chemother, 2010 Aug; 54 (8): 3143-8.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address this topic. Therefore, peer reviewed medical literature was consulted. MRSA Nasal swabs are indicated for diagnosis of MRSA carrier status in patients who are immunocompromised or who have signs and symptoms of chronic infection. Routine swab for MRSA is not indicated in asymptomatic patients. This patient has no history of prior MRSA infection. Evidence of a soft tissue, gram positive infection is not documented in the patient's history and physical exam. Therefore, based on the submitted medical documentation, the request for MRSA nasal swab is not medically necessary.

1 Electrocardiogram: 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 Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of an ECG for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) states, "ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary." This patient is young at 41 years of age. The patient does not have a history of chest pain or arrhythmias he has no documented cardiac risk factors. Patient has pre-existing diagnoses of chronic pain syndrome, knee surgery, carpal tunnel release and left 3rd/4th toe amputations. In this clinical situation, an ECG is not warranted. Therefore, based on the submitted medical documentation, the request for ECG testing is not medically necessary.

1 Chest X-Ray: 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 Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic), Chest X-ray.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a chest x-ray for this patient. The clinical records submitted do not support the fact that this patient has been documented to have signs or symptoms of chronic lung disease requiring radiographic imaging. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of CXR testing. Per the Occupational Disability Guidelines (ODG), a chest x-ray is "Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical." This patient has been documented to have chronic pain syndrome with amputation of the left 3rd and 4th toes noted on physical exam. The medical records indicate that the patient does not have a history of chronic lung disease. Physical signs of cardiopulmonary disease are not documented and thus routine chest x-ray is not recommended. Therefore, based on the submitted medical documentation, the request for chest x-ray is not medically necessary.

1 Blood work (complete Blood Count, Hematocrit, Hemoglobin, Comprehensive Metabolic 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 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of multiple lab tests for this patient. The California MTUS guidelines state that: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a 'shotgun' attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or ideopathic inflammatory condition. Evidence of anemia (macrocytic or otherwise) is not demonstrated on physical exam. A CBC includes a hemoglobin and hematocrit. Evaluation of both tests is redundant and unnecessary. Furthermore, the patient is documented to have no concern for acute electrolyte abnormalities or abnormal liver function, which would indicate the necessity for a CMP test. Therefore, based on the submitted medical documentation, the request for CBC, hematocrit, hemoglobin and CMP is not medically necessary.