

Case Number:	CM15-0185080		
Date Assigned:	09/25/2015	Date of Injury:	09/01/2000
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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:

This 62 year old man sustained an industrial injury on 9-1-2000. Evaluations include right knee MRI dated 8-7-2013. Diagnoses include right knee surgery, moderate advanced osteoarthritis of the right knee with moderate degenerative changes of the patellofemoral joint, and right knee pain. Treatment has included oral medications including Ibuprofen and Omeprazole and cortisone injection. Physician notes dated 8-19-2015 show complaints of right knee pain rated 7 out of 10. The physical examinations shows right knee range of motion extension 0 degrees and flexion 110 degrees, negative anterior and posterior drawer tests, moderate tenderness to palpation was noted tot eh medial tibiofemoral joint space, mild provocation with McMurray's test over the medial tibiofemoral joint space, negative patellar grind, and strength was 4 out of 5. Recommendations include hinged knee brace, Ibuprofen and Omeprazole, laboratory testing, and follow up in three months. Utilization review denied a request for laboratory testing dated 8-31- 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory panel: Chem 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.com.

Decision rationale: CA MTUS/ACOEM and national guidelines do not address routine lab tests. In this case, the claimant complains of chronic right knee pain despite arthroscopy times 4, bracing and medication. There is no indication in the records when a previous Chem 8 was performed and no rationale as to why this test is necessary at this time. The patient does not have a problem with electrolyte imbalance, kidney disease or diabetes which would necessitate a Chem 8. The patient has chronic knee pain and a Chem 8 will not affect his treatment. Therefore the request is not medically necessary or appropriate.

Hepatic function panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.com.

Decision rationale: CA MTUS/ACOEM Guidelines and other national guidelines do not address routine lab tests. In this case, the claimant has chronic right knee pain despite arthroscopy times 4, bracing and medication. In the medical records submitted, there is no indication when a prior hepatic function panel was performed and no rationale as to why this test is necessary. There is no evidence of hepatic disease. The patient has chronic right knee pain and a hepatic profile will not affect his treatment. Therefore, the request is not medically necessary or appropriate.

CBC (complete blood count): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.com.

Decision rationale: CA MTUS/ACOEM and other national guidelines do not address routine lab testing. In this case, the claimant has chronic right knee pain, despite arthroscopy times 4, bracing and medication. In the medical records submitted, there is no indication of prior lab testing and no rationale presented for why this testing is necessary. The patient does not have anemia, infection, cancer, blood dyscrasia or other hematological problem requiring routine monitoring of a CBC. The patient has chronic right knee pain and additional lab testing will not affect his treatment. Therefore the request is not medically necessary or appropriate.