

Case Number:	CM15-0198386		
Date Assigned:	10/13/2015	Date of Injury:	08/12/2011
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 58 year old female with a date of injury on 8-12-11. A review of the medical records indicates that the injured worker is undergoing treatment for hip disease and bilateral knee pain. Progress report dated 8-18-15 (print copy blurry) reports complaints of left knee pain. Hold off on physical therapy as the problem might an infection. The left knee was drained last week. She has increased lower back pain and left knee pain with walking 2 blocks. Objective findings: right hip with significant improvement in range of motion, right knee tenderness over anterior lateral aspect over palpable mass, positive crepitus and range of motion is better, neck with decreased range of motion with radicular pain down. Treatments include: medication, physical therapy, hip surgery, left total knee replacement. Request for authorization was made for metal sensitivity blood test. Utilization review dated 10-1-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metal sensitivity blood test: 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

http://www.aaos.org/research/committee/biomed/BME_SE_2013.pdf<http://emedicine.medscape.com/article/1230696-overview>.

Decision rationale: Guidelines do not address this issue. However, other standard setting bodies such as the AAOS (American Academy of Orthopedic Surgeons) do address this issue. Their review of the issue points out pit falls associated with testing and recommends the testing only as a last resort i.e. after all other potential causes of increased prosthetic pain is ruled out. The recommendations also include testing of several metals found in trace amounts and no recommendation for nickel testing only. These recommendations have not been met in this individual. The narratives state that testing/results for a bacterial injection (C&S of the joint) was not completed at the time of this request. Also, the request is for the testing for nickel sensitivity only, which is not recommended. Under these circumstances and at this point in time, the request test is inconsistent with recommended standards of practice and is not medically necessary. Complete results that have ruled out infection and compliance with standard recommendations for the type of metal testing could alter this recommendation in the future.