MAXIMUS Federal Services

Case Number:	CM15-0203816		
Date Assigned:	10/20/2015	Date of Injury:	09/20/2014
Decision Date:	12/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/16/2015

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:

The injured worker is a 38 year old male, who sustained an industrial injury on 9-20-2014. The injured worker was diagnosed as having status post left knee arthroscopy, left knee internal derangement, left quad atrophy, Baker's cyst, and left knee laxity. Treatment to date has included diagnostics, left knee surgery 2-13-2015, and medications. On 9-24-2015, the injured worker complains of constant left knee pain, rated 4 out of 10. Objective findings included flexion 115-130 degrees, extension 0, medial patellar facet tenderness, tenderness over the body and posterior horn of the medial meniscus, positive anterior drawer test, positive pivot shift test, "questionable" McMurray's, a large and tender Baker's cyst, and mildly antalgic gait. Work status was modified. Current medication regimen was not detailed. The treatment plan included MR arthrogram of the left knee, lab work, urine screening, ACL restraining brace, interferential unit, and medication. The use of anti-inflammatory medication was noted since at least 3-2015 and it was documented that he did not have "any significant past medical history" (per the progress report dated 3-26-2015). On 10-02-2015, Utilization Review non-certified a request for hepatic-arthritis panels, IFC unit (infinite use), and CRP and CPK, and modified a request for Ibuprofen 800mg #180 to #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hepatic/Arthritis Panels Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test, Arthritis Panel, is not listed as recommended to monitor a patient on the current drug regimen and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Hepatic/Arthritis Panels Qty: 1.00 are not medically necessary.

IFC unit (infinite) use Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS, an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS.IFC unit (infinite) use Qty: 1.00 is not medically necessary.

Ibuprofen 800mg Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The original reviewer modified the request to #120 as the guidelines recommend NSAIDs as an option for short-term symptomatic relief. Ibuprofen 800mg Qty: 180 is not medically necessary.

CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test is not listed as recommended to monitor a patient on the current drug regimen and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. CRP is not medically necessary.

CPK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test is not listed as recommended to monitor a patient on the current drug regimen and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. CPK is not medically necessary.