

Case Number:	CM15-0205360		
Date Assigned:	10/22/2015	Date of Injury:	10/26/2004
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency 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 51 year old male who sustained an industrial injury on 10-26-2004. A review of medical records indicates the injured worker is being treated for painful right total knee replacement and status post left total knee replacement. Medical records dated 10-8-2015 noted right knee pain, new onset. Pain scale was unavailable. Physical examination noted pain and tenderness on palpation of the lateral aspect of the right knee. He also had medial knee pain with palpation. He had difficulty with flexion 0-115 due to pain. He had pain with extension. Bone scan dated 10-25-2013 revealed bilateral knee arthroplasties with no sinographic evidence to suggest loosening or infection on either side. Treatment has included aspiration of the right knee. Utilization review form dated 10-9-2015 non-certified 1 bone scan of the right knee and Norco 10-325 #60. CBC with Diff, ESR, H's-CRP, Hemogram and A1C was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Lower Leg: Bone scan (imaging) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee&Leg/Bone scan.

Decision rationale: The request is for a bone scan. The official disability guidelines state the following regarding this topic: Recommended after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Evaluation of 80 bone scans in patients with symptomatic TKAs found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%. (Weissman, 2006) In this case, a bone scan is not guideline-supported. This is secondary to no documentation of an arthrocentesis performed. Prior to bone scan imaging for the purpose of evaluation of either loosening or infection both a negative radiograph and aspiration are required. As such, the request is not medically necessary.

Complete blood count (CBC) with differential: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons (AAOS); 2010 Jun 18. 286 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/complete_blood_count_cbc/article_em.htm.

Decision rationale: The request is for a complete blood count blood test. The MTUS and ODG guidelines are silent regard this topic and as such, another source was used. A complete blood count is commonly ordered and measures the patients white and red blood cell count as well as platelets. The white blood cell count, when elevated, could be a marker for infection or leukemia while the red cell count reveals anemia. It is also used as a routine health screen exam. In this case, based on the patients symptoms described, a CBC would be indicated. This is a reasonable assessment for evaluation of a hardware infection. As such, the request is medically necessary.

Hemogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons (AAOS); 2010 Jun 18. 286 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/complete_blood_count_cbc/article_em.htm.

Decision rationale: The request is for a hemogram test. The MTUS and ODG guidelines are silent regard this topic and as such, another source was used. A complete blood count is

commonly ordered and measures the patients white and red blood cell count as well as platelets. The white blood cell count, when elevated, could be a marker for infection or leukemia while the red cell count reveals anemia. It is also used as a routine health screen exam. In this case, based on the patients symptoms described, a CBC would be indicated. This is a reasonable assessment for evaluation of a hardware infection. As such, the request is medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

A1C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons (AAOS); 2010 Jun 18. 286 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidiabetics/medications.

Decision rationale: The request is for performing a hemoglobin A1C test. This is the usual screening measure in diabetics which evaluates glycemic control. Poor glycemic control leads to accelerated disease processes including diabetic retinopathy and renal disease. The ODG guidelines state that after starting an antidiabetic medication, a 3 month screening Hemoglobin A1C is advised to see if the patient's blood sugar is being adequately controlled at a level of less than 6.5%. In this case, the patient would not qualify for this test. This is secondary to no documentation indicating the reasoning for this test or that the patient is a diabetic. As such, the request is not medically necessary.