

Case Number:	CM15-0207109		
Date Assigned:	10/27/2015	Date of Injury:	08/04/1993
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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

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 61 year old male who sustained an industrial injury 08-04-93. A review of the medical records reveals the injured worker is undergoing treatment for cervical post laminectomy syndrome, lumbago, displacement of lumbar disc, cervicgia, degenerative cervical intervertebral disc, intervertebral disc disorder, crepitus of the left knee, chronic knee pain, insomnia, and low testosterone. Medical records (09-28-15) reveal the injured worker complains of long standing knee, back, and neck pain, which is not rated. The physical exam (09-28-15) reveals stooped posture with standing. Range of motion of the lumbar spine is limited. Left knee is edematous, with no fluid wave. Tenderness to palpation is noted in the tibial plateau. Popping and crepitus is present with full extension. Prior treatment includes medications and back surgery. The original utilization review (10-15-15) modified the request for a left knee x-ray with extra materials and supplies provided by the doctor to an x-ray of the left knee, and non certified the request for a testosterone lab with extra supplies and material provided by the doctor. The treating provider reports that the testosterone dose has been increased, hence the need for a testosterone level. There is no documentation as to what the extra supplies-materials include.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee X-Ray, Pa And Lateral (99070-Extra Supplies Or Materials Provided By The Doctor): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation
<http://www.physicianspractice.com/coding/coding-questions-weve-got-answers>.

Decision rationale: MTUS Guidelines support routine knee x-rays for persistent knee pain not responding to conservative measures. The Guidelines do not support the medical necessity for any unusual supplies or materials associated with knee x-rays. There are no unusual circumstances to justify an exception to Guideline recommendations. The knee x-rays and unusual supplies are not medically necessary and appropriate.

1 Testosterone Labs (99070-Extra Supplies Or Materials Provided By The Doctor): 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.questdiagnostics.com/testcenter/BUOrderInfo.action?tc=36170&labCode=MIA>.

Decision rationale: MTUS Guidelines do not address this issue. Standard CPT Guidelines and lab testing standards include CPT codes 84402 and 84403 as appropriate and inclusive codes for testing testosterone. There are no unusual circumstances documented that would support extra supplies by the requesting physician. The 1 Testosterone Labs (99070-Extra Supplies Or Materials Provided By The Doctor) is not medically necessary and appropriate.