

Case Number:	CM15-0023458		
Date Assigned:	02/13/2015	Date of Injury:	09/13/1985
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 72-year-old male who reported injury on 09/13/1985. The mechanism of injury was not provided. The injured worker was noted to undergo 9 knee surgeries. The diagnoses included internal derangement of the knee, joint pain in legs, pain in limb, and lumbago. The medications included Buspar 30 mg, citalopram 20 mg, Diovan 160 mg, oxycodone IR 5 mg, oxycodone 80 mg, Singulair, tamsulosin 0.4 mg, and tizanidine 4 mg. The diagnostic studies were not provided. The documentation of 01/06/2015 revealed the injured worker was in the office for pharmacologic management. The chief complaints were noted to be bilateral back pain and knee pain. The documentation indicated the medications helped decrease pain and increase function. The physical examination revealed the injured worker had postsurgical incisions that were healed. The right calf showed some slight swelling compared to the left. The range of motion testing was not performed due to right lower extremity swelling. The injured worker had decreased range of motion of the bilateral knees in flexion. The diagnoses included internal derangement of knees, joint pain in legs, pain in limb, and lumbago. The treatment plan included a blood draw.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood draw x4 a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDS Page(s): 70.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines recommend periodic monitoring of liver and kidney function testing for all injured workers taking long term NSAIDS. The clinical documentation submitted for review failed to provide a rationale for the requested laboratory testing. The request as submitted failed to indicate the specific labs that were to be drawn. There was a lack of documentation indicating a necessity for 4 lab draws per year. Additionally, there was a lack of documentation of prior laboratory results. Given the above, the request for blood draw x4 a year is not medically necessary.