

Case Number:	CM15-0218402		
Date Assigned:	11/10/2015	Date of Injury:	09/16/2012
Decision Date:	12/21/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 09-16-2012. A review of the medical records indicates that the worker is undergoing treatment for degenerative joint disease of the right shoulder and status post debridement for septic shoulder. Treatment has included surgery and physical therapy. Minimal medical documentation was submitted for review. Subjective complaints (04-06-2015) included some stiffness and crepitus of the shoulder, which the physician noted, was likely the result of infectious arthritis initially seen at the time of recent debridement. The physician noted that he thought the worker was released by his infectious disease specialist and at least in their minds the infection has been eradicated. To be on the safe side the physician noted that he would get another sedimentation rate and C reactive protein. Objective findings included active elevation of about 120 degrees of the knee. Subjective complaints (09-28-2015) included increasing pain, clicking, popping and crepitus of the shoulder. Objective findings (09-28-2015) included 140 degrees of elevation of the shoulder and strength limited by pain with any type of resisted maneuver. The treatment plan included sedimentation rate and C-reactive protein, however there was no rationale submitted for ordering repeat sedimentation rate and C reactive protein. A utilization review dated 10-30-2015 non- certified labs including sedimentation rate and C reactive protein.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: Sedimentation rate: 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 Official Disability Guidelines (ODG) knee chapter and pg 36 and Other Medical Treatment Guidelines Point-of-Care C-Reactive Protein Testing to Help Guide Treatment of Acute Respiratory Infections, IRBERT L. VEGA, MD, Mt. Edgecumbe Hospital, Sitka, Alaska Am Fam Physician. 2015 Oct 1; 92(7): 571-572.

Decision rationale: According to the guidelines and referenced literature, Sedimentation rate may be helpful in guiding the presence or improvement of an inflammatory process (such as arthritis) or infection. In this case, there is mention of DJD of the shoulder. There was no concern of an inflammatory arthropathy such as Rheumatoid arthritis or infection. The guidelines do not comment on specific testing except in cases for considering Hyaluronic Acid injections. In this case, there is insufficient justification for Sedimentation rate testing and is not medically necessary.

Lab: C reactive protein: 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 Official Disability Guidelines (ODG) knee chapter and pg 36 and Other Medical Treatment Guidelines Point-of-Care C-Reactive Protein Testing to Help Guide Treatment of Acute Respiratory Infections, IRBERT L. VEGA, MD, Mt. Edgecumbe Hospital, Sitka, Alaska Am Fam Physician. 2015 Oct 1; 92(7): 571-572.

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