MAXIMUS Federal Services

Case Number:	CM15-0063034		
Date Assigned:	04/08/2015	Date of Injury:	01/04/2013
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 37-year-old male who sustained an industrial injury on 1/4/13. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having right knee pain status post right knee surgery (January 2014). Treatments to date have included physical therapy, activity modification, and oral analgesics. Currently, the injured worker complains of right knee pain. The plan of care was for laboratory studies and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for consult and treat if needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, pg 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, referral consultation and treatment, if necessary, is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right knee posterior cruciate ligament injury; and status post right knee surgery January 2014. The documentation shows the injured worker underwent right knee surgery pursuant to a February 24, 2014 progress note. In a December 22, 2014 progress note, the documentation indicates the injured worker had a tear in the medial meniscus. In a January 26, 2015 progress note, the injured worker has a tear in the medial meniscus. The injured worker was seen by the treating orthopedist. There is no documentation in the medical record indicating arthroscopy was authorized for the treating orthopedist to proceed with surgery. According to the utilization review, the surgery (arthroscopy) was authorized. The utilization review names a second orthopedic surgeon (for a second opinion) for the affected knee. There is no documentation in the body of the progress notes indicating a second opinion is medically necessary. There is no discussion in the medical record indicating a second orthopedic surgeon was being consulted. Consequently, absent compelling clinical documentation with a clinical rationale/indication for a consultation to a second orthopedic surgeon, referral consultation and treatment, if necessary, is not medically necessary.

Chem 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management,Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, chemistry 18 profile is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are right knee posterior cruciate ligament injury; and status post right knee surgery January 2014. The documentation/progress notes do not contain clinical entries regarding complete metabolic profiles (the chemistry 18) or

a complete blood count with differential. There is no past medical history documented in the medical record. There are no vital signs in the medical record. Utilization review states a chemistry profile and CBC are indicated because non-steroidal anti-inflammatory drugs may affect the liver and the kidney. Utilization review states his primary care physician is following the injured worker. Additionally, these laboratory tests may be checked during a preoperative evaluation prior to the arthroscopy (authorized) above. Consequently, absent clinical documentation with a clinical indication and rationale for a chemistry 18 profile, a chemistry 18 profile is not medically necessary.

Complete Blood Count (CBC) with differential (Diff): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, complete blood count with differential is not medically necessary. Thorough history taking is there always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are right knee posterior cruciate ligament injury; and status post right knee surgery January 2014.The documentation/progress notes do not contain clinical entries regarding a complete blood count with differential. There is no past medical history documented in the medical record. There are no vital signs in the medical record. Utilization review states a chemistry profile and CBC are indicated because non-steroidal anti-inflammatory drugs may affect the liver and the kidney. Utilization review states his primary care physician is following the injured worker. Additionally, these laboratory tests may be checked during a preoperative evaluation prior to the arthroscopy (authorized) above. Consequently, absent clinical documentation with a clinical indication and rationale for a complete blood count, a complete blood count (CBC) with differential (Diff) is not medically necessary.