

<b>Case Number:</b>	CM15-0087021		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 44 year old female, who sustained an industrial injury on March 27, 2012. The injured worker reported right knee cramping while squatting. The injured worker was diagnosed as having internal derangement of the knee, chondromalacia, discogenic lumbar condition, lumbar disc protrusion and chronic pain with associated depression, anxiety and sleep disturbance. Treatment and diagnostic studies to date have included surgery, magnetic resonance imaging (MRI), x-ray, Transcutaneous Electrical Nerve Stimulation (TENS) unit, medication and cold wrap. A progress note dated March 31, 2015 provides the injured worker complains of back and knee pain. Physical exam notes lumbar and right knee tenderness and decreased range of motion (ROM). The plan includes labs, orthopedic consultation, topical and oral medications, physical therapy and psychiatric evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laboratory services: comprehensive metabolic panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com CMP.

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for lab work, as stated above. There is lack of objective findings that would warrant an indication for the lab test. It is also not clear in the clinical documents why the test is being ordered. According to the clinical documentation provided and current guidelines; lab work, as stated above, is not indicated as a medical necessity to the patient at this time.