

Case Number:	CM14-0135127		
Date Assigned:	08/29/2014	Date of Injury:	07/19/2012
Decision Date:	09/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who reported an injury on 07/19/2012 due to unspecified mechanism of injury. The injured worker had a history of left knee pain. The injured worker had diagnoses of fractured patella, chronic pain type syndrome, chronic residual dystrophy, and chondromalacia of the left patella. The past treatments included medication, acupuncture, and physical therapy. The medications included Ibuprofen 800 mg and Omeprazole 20 mg. The physical examination dated 07/14/2014 revealed no scars, no deformities, and palpation on the bony prominence of the left knee was not tender to palpation; mildly tender to palpation over the medial tibiofemoral joint space. The range of motion with flexion was 120 degrees and extension was 0 degrees. Internal and external rotation was performed without discomfort. Passive range of motion was evaluated to be at the same as range of motion; positive patellar grind test with mild crepitus was observed upon palpation; negative McMurray's test; no edema. The treatment plan included authorization for next visit in 3 months, water therapy 2 times a week for 3 weeks, Ibuprofen 800 mg, Omeprazole 20 mg, and urine drug screen. The request for authorization dated 08/29/2014 and dated 07/14/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. The California MTUS Guidelines recommend as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The clinical notes did not indicate illegal drug use. As such, the request is not medically necessary.

Quarterly laboratory testing: BMP (basic metabolic panel), hepatic Function Panel, CPK (creatinine phosphokinase), CRP (C-reactive protein), Arthritis Panel and CBC (Complete Blood Count): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online (<http://labtestsonline.org/understanding/analytes/bmp/glance.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: LABS per labtestsonline.org.

Decision rationale: The request for quarterly laboratory testing: BMP (basic metabolic panel, hepatic function panel, CPK (creatinine phosphokinase), CRP (C-reactive protein), arthritis panel, and CBC (complete blood count) is not medically necessary. The California MTUS/ACOEM and Official Disability Guidelines do not address. Labtestsonline.org indicates that the complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status. Liver panel - A liver panel may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver. A comprehensive metabolic panel (CMP) which is often performed as part of a general health checkup may be ordered instead of a liver panel for routine screening. This group of tests includes most of the liver panel as well as additional tests that evaluate other organs and systems within the body. Liver panel - A liver panel may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver. A comprehensive metabolic panel (CMP) which is often performed as part of a general health checkup may be ordered instead of a liver panel for routine screening. This group of tests includes most of the liver panel as well as additional tests that evaluate other organs and systems within the body. As such, the request is not medically necessary.

Water therapy, Self Monitored Program, for the left knee, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine, page 98, 99 Page(s): 22, 98, 99.

Decision rationale: The request for water therapy, self-monitored program, for the left knee, 2 times a week for 3 weeks is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, and radiculitis, it is 8 to 10 visits. The clinical notes indicate that the injured worker had physical therapy and acupuncture therapy. The injured worker rated her pain at 2/10 and has returned to work. There are no special circumstances that warrant any additional physical therapy. As such, the request is not medically necessary.

Omeprazole 20 mg, QTY: 30, prescribed on 7/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68, 69.

Decision rationale: The request for Omeprazole 20 mg, QTY: 30, prescribed on 7/14/14 is not medically necessary. The California MTUS recommends PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical notes did not indicate any ulcer, perforation, or gastrointestinal issues, diagnosis or documentation. The request did not indicate the frequency. As such, the request is not medically necessary.