

<b>Case Number:</b>	CM14-0112786		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/25/2004
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. 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:

This 59 year old female sustained an industrial injury on 5/25/04. She subsequently reported knee and back pain. Diagnoses include left knee contusion and sprain, lumbar sprain with lower extremity radiculopathy and left knee intra-articular loose bodies. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to complain of low back pain with radiation to the lower extremities. Upon examination, there was tenderness to the upper back, neck and cervical paravertebral muscles. Spurling's was positive on the left. Right knee tenderness was noted along the medial joint line. McMurray's testing was painful. A request for chemistry panel x 1 and CBC x 1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chemistry panel x 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care. Preoperative tests: the use of routine preoperative tests for elective surgery: evidence, methods & guidance. London (UK): National Institute for Clinical Excellence (NICE); 2003 Jun. 108p.

**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 panel times one 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 community is not simply for screening purposes. In this case, the injured worker's working diagnoses are left knee contusion, sprain, resting posterior medial arthritis; left knee intra-articular loose bodies; lumbar sprain; left lower extremity weakness and atrophy; probable symptomatic progressive spinal stenosis and neurogenic claudication. Subjectively, according to a June 23, 2015 progress note, the injured worker at ongoing fatigue, numbness and tingling in the hands, weakness. They were intermittent chills and fever. No localizing cough, dysuria or urgency. The injured worker has postoperative knee pain with weight bearing and walking. Objectively, there was no temperature documented in the medical record. There were no vital signs documented in the medical record. Physical examination did not show any abnormalities. Lab work was performed June 18, 2014 (approximately 2 weeks prior). The lab work reportedly showed potentially serious abnormalities with potassium of 3.3, creatinine of 1.17 (that was again elevated) of glucose and 196 and calcium of 9.5. There is no documentation indicating how the lab work order and resulted is related to the industrial injury. The diagnoses are musculoskeletal and do not indicate any prior renal failure or hypokalemia or hypercalcemia or diabetes mellitus. Based on the clinical information the medical record, the peer-reviewed evidence-based guidelines, documentation establishing a causal relationship between lab work order and the clinical documentation, chemistry panel times one is not medically necessary.

**CBC x 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care. Preoperative tests: the use of routine preoperative tests for elective surgery: evidence, methods & guidance. London (UK): National Institute for Clinical Excellence (NICE); 2003 Jun. 108p.

**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, CBC times one 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 community is not simply for screening purposes. In this case, the injured worker's working diagnoses are left knee contusion, sprain, resting posterior medial arthritis; left knee intra-articular loose bodies; lumbar sprain; left lower extremity weakness and atrophy; probable symptomatic progressive spinal stenosis and neurogenic claudication. Subjectively, according to a June 23, 2015 progress note, the injured worker at ongoing fatigue, numbness and tingling in the hands, weakness. They were intermittent chills and fever. No localizing cough, dysuria or urgency. The injured worker has postoperative knee pain with weight bearing and walking. Objectively, there was no temperature documented in the medical record. There were no vital signs documented in the medical record. Physical examination did not show any abnormalities. Lab work was performed June 18, 2014 (approximately 2 weeks prior). The lab work reportedly showed potentially serious abnormalities with potassium of 3.3, creatinine of 1.17 (that was again elevated) of glucose and 196 and calcium of 9.5. There is no documentation indicating how the lab work order and resulted is related to the industrial injury. The diagnoses are musculoskeletal and do not indicate any prior renal failure or hypokalemia or hypercalcemia or diabetes mellitus. There was no prior complete blood count ordered in the June 18, 2014 blood test request. There is no clinical indication or rationale for complete blood count and the medical record. Based on the clinical information the medical record, the peer-reviewed evidence-based guidelines, documentation establishing a causal relationship between lab work order (CBC) and the clinical documentation, complete blood count (CBC) times one is not medically necessary.