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| <b>Case Number:</b>   | CM14-0210606 |                              |            |
| <b>Date Assigned:</b> | 12/23/2014   | <b>Date of Injury:</b>       | 09/20/2013 |
| <b>Decision Date:</b> | 02/19/2015   | <b>UR Denial Date:</b>       | 11/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 employee is a 46 year old male with date of injury of 9/20/2013. A review of the medical records indicate that the patient is undergoing treatment for right knee internal derangement. Subjective complaints include right knee pain with locking. Objective findings include MRI from 11/5/2013 showed mild osteoarthritis, possible partial tear of ACL, and mild degeneration of MCL; exam shows full extension and limited flexion of the right knee with tenderness of the posterior horn of the medial meniscus; exquisite tenderness of the posterior horn of the lateral meniscus and the lateral side of the right patella; no gross instability. Treatment has included Ibuprofen, 12 sessions of chiropractic manipulation for the right knee, Tramadol, and right knee arthroscopy on 8/27/2014. The utilization review dated 11/25/2014 non-certified quarterly lab work and 12 chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Quarterly lab work: CBC, Basic Metabolic Panel (chem 8) and Hepatic Function Panel:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 13 Knee Complaints Page(s): 21-42, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states "The examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done." The medical records indicate a normal CBC was resulted post-operatively. The treating physician does not indicate what interval symptomatic changes, physical findings, or medication changes have occurred to necessitate a repeat CBC. As such, the request for Complete Blood Count is not medically necessary, and by extension the request for quarterly lab work: CBC, Basic Metabolic Panel (chem 8) and Hepatic Function Panel is not medically necessary.

**12 Post-op Chiropractic/Physiotherapy/manipulation sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

**Decision rationale:** ODG and MTUS refers to the post-surgical knee as "Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated." The number of physical therapy sessions range from 12-24. MTUS guidelines further state, ""Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." A reevaluation can be performed at this time to modify the treatment course. The employee had 12 sessions and showed functional improvement by 40%, and so 12 more sessions is appropriate. The request for 12 post-op chiropractic/physiotherapy/manipulations sessions is medically necessary.