

Case Number:	CM14-0211894		
Date Assigned:	12/24/2014	Date of Injury:	02/24/2014
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 50-year-old individual with an original date of injury of 2/24/2014. The injured worker has known meniscal tear, chondromalacia patella, and cinema Vitus with medial player. The worker underwent a medial and lateral personal meniscectomy plus chondroplasty on June 6, 2014. The patient is on pain medications including ibuprofen, and has had physical therapy. According to a progress note on November 12, 2014, there is a request for labs "in order to ensure it is safe for this patient to hepatic and renally excreted medication we are prescribing." The disputed issue is a request for quarterly labs. A utilization review determination on December 10, 2014 had noncertified this request. The rationale for this was that the interval of repeating lab tests after this treatment duration has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Quarterly labs include basic metabolic panel, hepatic function panel, creatine phosphokinase, D reactive protein, arthristis panel, complete blood count: Upheld

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

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: Lab Tests, Uptodate Online

Decision rationale: In the case of this request for quarterly labs, the CA MTUS do not directly address the duration of screening laboratory tests. Therefore, evidence-based guidelines are utilized instead. The complete blood count and complete metabolic panel are tests for electrolytes, renal function, and liver function. In general, screening guidelines recommend once yearly testing for this rather than quarterly testing. There are no extenuating circumstances detailed for which quarterly testing is necessary. The other requested tests include C reactive protein, CPK, arthritis panel, and other lab work which is not justified by any rationale presented in the progress notes. The stated reason by the requesting provider in a November 12, 2014 progress note was to monitor kidney and liver function while on the prescribed medications. These serum tests would be extraneous for this purpose. Quarterly testing of all these laboratory values would be excessive, and this request is not medically necessary.