

<b>Case Number:</b>	CM14-0212987		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 patient is a 64-year-old female presenting with a work-related injury on September 20, 2012. The patient was diagnosed with right knee osteoarthritis status post surgery and patella syndrome. In addition to surgery the patient has tried medications, bracing, crutches and physical therapy. The patient had critical spirit injections with no relief. MRI of the right knee showed a chronic maceration tear of the lateral meniscus extending from the posterior horn to anterior with partial peripheral displacement of extremity, also revealing status post partial medial to me with granulation scar tissue along the margins of a pre-existing decompressed tear of the anterior horn of the medial meniscus, moderate knee joint effusion and moderate to severe tricompartmental osteoarthritic changes showed with segmental denuding of the articular and zone of subchondral marrow space signal alteration indicate chronic stress responses as described above. The patient is also status post cemented right total knee arthroplasty. The patient had postoperative physical therapy. On November 26, 2014 the patient continued to complain of right knee pain. The physical exam revealed is that like a military the ability, range of motion demonstrated extension of 5 into hyperextension, flexion of 110, two left anterior drawer sign and positive patellar grind, crepitus is active arising from chair. The provider recommended blood testing of erythrocyte sedimentation rate, c-reactive protein and complete blood count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Erythrocyte Sedimentation Rate:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, General Testing.

**Decision rationale:** Erythrocyte Sedimentation Rate is not medically necessary. The ODG states that general testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order general testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The patient is not preparing for surgery and there is no indication in the physical exam to indicate such testing.

**C-Reactive protein:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, General Testing.

**Decision rationale:** C-Reactive Protein is not medically necessary. The ODG states that general testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order general testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The patient is not preparing for surgery and there is no indication in the physical exam to indicate such testing.

**Complete Blood Count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, General Testing.

**Decision rationale:** Complete Blood Count is not medically necessary. The ODG states that general testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order general testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The patient is not preparing for surgery and there is no indication in the physical exam to indicate such testing.