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| Case Number: | CM14-0214759 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 07/05/2012 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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 & Rehabilitation

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 50 year-old male with a 7/05/2012 date of injury. Medical records were provided from 1/28/2013 through 12/1/2014. On 12/02/2014 utilization review denied lab tests because the requesting physician had not responded to a request for additional information letter. The medical report that requests the labs and the rationale were not provided for this review. According to the 12/1/14 report, the patient presents with chronic bilateral knee pain and is healing form a right total knee replacement surgery. According to the 12/02/14 Utilization Review letter, there was some pathology report noting a possible bone infarction and there was a list of possible causes for a bone infarction including sickle cell hemoglobinopathy, alcohol abuse, radiation, pancreatitis, lupus. There is no history provided to suggest any of the above conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC with path review, sedimentation rate, antinuclear antibody testing, lipase, aniphospholipid antibodies, factor-V lelden, ionized calcium, parathyroid hormone, lupus anticoagulant, homocysteine, uric acid and hemoglobin electrophoresis: 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: Medline Plus (<http://www.nlm.nih.gov/medlineplus/ency/article/003639.htm>)

Decision rationale: The patient presents with knee pain and just underwent a right knee replacement surgery. There is apparently some pathology report noting a possible bone infarction and there was a list of possible causes for a bone infarction including sickle cell hemoglobinopathy, alcohol abuse, radiation, pancreatitis, lupus. There is no history provided to suggest any of the above conditions. The physician requested CBC with path review, sedimentation rate, antinuclear antibody testing, lipase, antiphospholipid antibodies, factor-V lelden, ionized calcium, parathyroid hormone, lupus anticoagulant, homocysteine, uric acid and hemoglobin electrophoresis. The MTUS, ACOEM and ODG do not discuss the specific labs requested. Medline Plus (<http://www.nlm.nih.gov/medlineplus/ency/article/003639.htm>) for Hemoglobin electrophoresis states this lab test measures the levels of the different types of the oxygen-carrying protein (hemoglobin) in the blood. Many different types of hemoglobin (Hb) exist. The most common ones are HbA, HbA2, HbF, HbS, HbC, Hb H, and Hb M. Healthy adults only have significant levels of HbA and HbA2. HbS is an abnormal form of hemoglobin associated with sickle cell anemia. The necessity for obtaining a hemoglobin electrophoresis before a CBC with path review, was not discussed by the physician. "Sickle" shaped cells may be identified on the CBC. The request for the hemoglobin electrophoresis is not medically necessary at this time. IMR is unable to provide partial certification, so the whole request for CBC with path review, sedimentation rate, antinuclear antibody testing, lipase, antiphospholipid antibodies, factor-V lelden, ionized calcium, parathyroid hormone, lupus anticoagulant, homocysteine, uric acid and hemoglobin electrophoresis is not medically necessary.