

Case Number:	CM15-0009138		
Date Assigned:	02/10/2015	Date of Injury:	06/29/2011
Decision Date:	06/11/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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 injured worker is a 57-year-old female, who sustained an industrial injury on 6/29/2011. The mechanism of injury was not specifically stated. The current diagnoses include bilateral knee Baker's cyst, bilateral knee internal derangement, and bilateral knee chondromalacia patella. The injured worker presented on 12/29/2014 for a Doctor's First Report of Occupational Injury or Illness. The injured worker reported persistent pain regarding the bilateral knees with associated aching, soreness, and throbbing. Upon examination, there was an antalgic gait, negative patellar compression test, negative joint space tenderness, negative anterior/posterior drawer test, positive tenderness, positive patellar grind test, positive patellar facet tenderness, and exquisite tenderness noted over the body and posterior horn of the lateral meniscus. Treatment recommendations at that time included a urinalysis, several laboratory studies, an MRA of the bilateral knees, and x-rays of the bilateral knees. A Request for Authorization form was then submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA toxicology screen Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

CBC Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC; ODG Treatment / Disability Duration Guidelines, Low Back Chapter.

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 Online. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on February 24, 2015. The complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status. It can be used to: "Screen for a wide range of conditions and diseases." Help diagnose various conditions, such as anemia, infection, inflammation, bleeding disorder or leukemia, to name just a few. "Monitor the condition and/or effectiveness of treatment after a diagnosis is established." Monitor treatment that is known to affect blood cells, such as chemotherapy or radiation therapy. The CBC is a very common test. Many people have a CBC performed when they have a routine health examination. If a person is healthy and has results that are within normal limits, then he or she may not require another CBC until their health status changes or until their doctor feels that it is necessary. A CBC may be ordered when a person has any number of signs and symptoms that may be related to disorders that affect blood cells. When an individual has fatigue or weakness or has an infection, inflammation, bruising, or bleeding, a doctor may order a CBC to help diagnose the cause and/or determine its severity. When a person has been diagnosed with a disease known to affect blood cells, a CBC will often be ordered on a regular basis to monitor their condition. Likewise, if someone is receiving treatment for a blood-related disorder, then a CBC may be performed frequently to determine if the treatment is effective.

Decision rationale: According to the American Association for Clinical Chemistry, a complete blood count is often used as a broad screening test to determine an individual's general health status. A CBC may be ordered when a patient has any number of signs or symptoms that may be related to a disorder affecting the blood cells. If a patient has been diagnosed with a disease

known to affect blood cells, a CBC will be ordered on a regular basis to monitor the condition. In this case, there was no documentation of any signs or symptoms suggestive of an abnormality to support the necessity for CBC testing. There is no documentation of a disease or condition that is known to affect blood cells. The medical necessity for the requested laboratory testing has not been established in this case. Therefore, the request is not medically necessary at this time.

CRP Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC; ODG Treatment / Disability Duration Guidelines, Low Back Chapter.

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 Online. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on February 24, 2015. The C-reactive protein (CRP) test is used by a health practitioner to detect inflammation. CRP is an acute phase reactant, a protein made by the liver and released into the blood within a few hours after tissue injury, the start of an infection, or other cause of inflammation. The CRP test is not diagnostic of any condition, but it can be used together with signs and symptoms and other tests to evaluate an individual for an acute or chronic inflammatory condition.

Decision rationale: According to the American Association for Clinical Chemistry, the C reactive protein test is used by a health practitioner to detect inflammation. The CRP test is not diagnostic of any condition and can be used together with signs and symptoms and other tests to evaluate a patient for an acute or chronic inflammatory condition. In this case, it is noted that the injured worker is diagnosed with bilateral Baker's cyst, internal derangement, and chondromalacia patella. The medical necessity for the requested laboratory testing has not been established in this case. There is no mention of an acute inflammatory condition upon examination. As the medical necessity has not been established, the request is not medically necessary at this time.

CPK Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC; ODG Treatment / Disability Duration Guidelines , Low Back Chapter.

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 Online. ©2001 - 2014 by American Association for Clinical Chemistry, Last modified on February 24, 2015. A creatine kinase (CK) test may be used to detect inflammation of muscles (myositis) or serious muscle damage and/or to diagnose rhabdomyolysis if a person has signs and symptoms, such as muscle weakness, muscle aches, and dark urine. The urine may be dark because of the presence of myoglobin, another substance

released by damaged muscles that can be harmful to the kidneys. CK may be ordered by itself or along with other blood chemistry tests such as electrolytes, BUN or creatinine (to evaluate kidney function). A urine myoglobin may also be ordered. A CK test may be ordered whenever muscle damage is suspected and at regular intervals to monitor for continued damage. It may be ordered when someone has experienced physical trauma, such as crushing injuries or extensive burns. The test may be ordered when a person has symptoms associated with muscle injury such as muscle pain or weakness and when a person has nonspecific symptoms, especially when taking a drug or after an exposure to a substance that has been linked with potential muscle damage. The CK test may sometimes be ordered when a person has chest pain and a heart attack is suspected. It may be ordered after a heart attack has been diagnosed to monitor for ongoing heart damage.

Decision rationale: According to the American Association for Clinical Chemistry, a creatinine kinase test may be used to detect inflammation of the muscle or serious muscle damage and/or to diagnosis rhabdomyolysis if a patient has signs or symptoms. In this case, there is no documentation of muscle damage or inflammation of the muscles. The injured worker does not maintain a diagnosis of rhabdomyolysis. The medical necessity for the requested laboratory testing has not been established in this case. Therefore, the request is not medically necessary at this time.

X-ray of the right knee Qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case, there was no documentation of an attempt at any conservative treatment prior to the request for an imaging study. Additionally, there is little subjective and objective documentation to support the necessity for imaging studies. Given the above, the request is not medically necessary.

X-ray of the left knee Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case, there was no documentation of an attempt at any conservative

treatment prior to the request for an imaging study. Additionally, there is little subjective and objective documentation to support the necessity for imaging studies. Given the above, the request is not medically necessary.

MRI Arthrogram of right knee Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute , Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007 or current year. Knee & Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case, there was no documentation of an attempt at any conservative treatment prior to the request for an imaging study. Additionally, there is little subjective and objective documentation to support the necessity for imaging studies. Given the above, the request is not medically necessary.

MRI Arthrogram of left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute , Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007 or current year. Knee & Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

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