

<b>Case Number:</b>	CM15-0013591		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 July 12, 2012. The diagnoses have included early medial compartment arthrosis bilateral knees, bilateral bucket hand tears medial meniscus and lateral meniscus tear right knee. Treatment to date has included X-ray bilateral knees on October 15, 2014 revealed JT space narrowing bilateral, mild chondromalacia patella, cortisone injections one and a half years ago. Currently, the injured worker complains of bilateral knee pain with swelling, with clicking and popping, difficulty with climbing stairs which causes knees to buckle and fall, occasional numbness around the knees. In a progress note dated December 1, 2014, the treating provider reports left knee tender to LJL and TTP MJL, MCL at 0 is 0 left MCL at 30 is 1+ left extremity left knee: full, flex 120, right knee: ext. +8, flex 120 + TTP MJL +TTP LJL SIG unable to test MCL at 0 on the right due to flex contracture, MCL at 30 right is 1+ LCL right at 30 is 1+, intact ACL right there is TTP popliteal fossa, injured worker only able to quarter squat. On January 19, 2015 Utilization Review non-certified a buccal smear test 2, Magnetic resonance imaging right Achilles to rule out tear, and lab work, thyroid panel, noting, American College of Occupational and Environmental Medicine, Official Disability Guidelines, <http://ncbi.nlm.nih.gov/pubmed/2609654> and <http://ncbi.nlm.nih.gov/pubmedhealth/PMH0003890/A.D.A.M> Medical Encyclopedia was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Buccal Smear Test 2: 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/pubmedhealth/PMH0003890> - ADAM Medical Encyclopedia

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Genetic testing for potential opioid abuse

**Decision rationale:** The patient is a 57 year old female who presents with unrated bilateral knee pain, buckling and weakness of the bilateral lower extremities. Patient also complains of unrated pain and swelling of the right Achilles tendon. The patient's date of injury is 07/12/12. Patient has no documented surgical history directed at this complaint, is currently in the pre-operative phase for a right knee arthroscopy and meniscectomy at a date unspecified. The request is for BUCCAL SMEAR TEST 2. The RFA is dated 01/13/15. Physical examination dated 01/12/15 revealed a limp, swollen, and tender right knee without erythema. Treater also notes a very tender right Achilles tendon with a "slight defect". The patient is currently prescribed Levothyroxine. Diagnostic imaging included MRI of the right knee conducted on 08/14/13, significant findings include: "Bucket-handle tear of the medial meniscus, oblique tear of the posterior horn of the lateral meniscus, 3mm focal chondral defect within the lateral facet of the patella with adjacent marrow edema, tri-compartmental DJD, quadriceps and patellar tendinosis, baker's cyst, and pre-patellar bursitis." Patient's current work status is not provided. MTUS and ODG guidelines are silent on the issue of utilizing collected buccal cells for testing to determine medication efficacy. However, ODG guidelines, Pain Chapter, Genetic testing for potential opioid abuse, states, not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. In regards to the request for a buccal smear to collect cells for is presumed to be genetic testing, the requested test is not supported by guidelines. Progress report dated 01/12/15 states: " Patient allergic, does not tolerate multiple opioids... It is necessary to determine appropriate meds before surgery to have better prognosis of recovery. Request buccal smear to determine meds that may be effective..." The treater is clear on the reason for requesting genetic testing - as the patient does not tolerate multiple opioids and is currently in the preoperative phase. Currently, however, such genetic tests for medication efficacy and addiction potential are still under investigation and are not supported by guidelines as a diagnostic tool. Furthermore, it is not clear how the treater plans to perform the sequencing of this patient's DNA following sample collection. Therefore, this request IS NOT medically necessary.

## **MRI for the Right Achilles to R/O Tear: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot -Acute & Chronic- Chapter, Magnetic resonance imaging MRI

**Decision rationale:** The patient is a 57 year old female who presents with unrated bilateral knee pain, buckling and weakness of the bilateral lower extremities. Patient also complains of unrated pain and swelling of the right Achilles tendon. The patient's date of injury is 07/12/12. Patient has no documented surgical history directed at this complaint, is currently in the pre-operative phase for a right knee arthroscopy and meniscectomy at a date unspecified. The request is for MRI FOR THE RIGHT ACHILLES TO R/O TEAR. The RFA is dated 01/13/15. Physical examination dated 01/12/15 revealed a limp, swollen, and tender right knee without erythema. Treater also notes a very tender right Achilles tendon with a "slight defect". The patient is currently prescribed Levothyroxine. Diagnostic imaging included MRI of the right knee conducted on 08/14/13, significant findings include: "Bucket-handle tear of the medial meniscus, oblique tear of the posterior horn of the lateral meniscus, 3mm focal chondral defect within the lateral facet of the patella with adjacent marrow edema, tri-compartmental DJD, quadriceps and patellar tendinosis, baker's cyst, and pre-patellar bursitis." Patient's current work status is not provided. ODG-TWC, Ankle & Foot -Acute & Chronic- Chapter, Magnetic resonance imaging - MRI- Section: Recommended as indicated below. Indications for imaging -- MRI:- Chronic ankle pain, suspected osteochondral injury, plain films normal- Chronic ankle pain, suspected tendinopathy, plain films normal- Chronic ankle pain, pain of uncertain etiology, plain films normal- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In regards to the request for an MRI of the right Achilles tendon/foot, the request appears reasonable. Treater is requesting MRI of the ankle to rule out tear following positive exam findings of pathology and chronic pain. Review of the medical records did not show a prior foot MRI. In this case, given that the patient continues to experience significant pain of uncertain etiology, the requested MRI could provide insight. The request IS medically necessary.

**Thyroid Panel:** Overturned

**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/2609654>; WV Med J. 1989 Oct;85 (10):425-7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Clinical Endocrinologists Guidelines for Hypothyroidism in Adults page 1012, regarding measurement of TSH levels in patient's taking Levothyroxine

**Decision rationale:** The patient is a 57 year old female who presents with unrated bilateral knee pain, buckling and weakness of the bilateral lower extremities. Patient also complains of unrated pain and swelling of the right Achilles tendon. The patient's date of injury is 07/12/12. Patient has no documented surgical history directed at this complaint, is currently in the pre-operative phase for a right knee arthroscopy and meniscectomy at a date unspecified. The request is for

THYROID PANEL. The RFA is dated 01/13/15. Physical examination dated 01/12/15 revealed a limp, swollen, and tender right knee without erythema. Treater also notes a very tender right Achilles tendon with a "slight defect". The patient is currently prescribed Levothyroxine. Diagnostic imaging included MRI of the right knee conducted on 08/14/13, significant findings include: "Bucket-handle tear of the medial meniscus, oblique tear of the posterior horn of the lateral meniscus, 3mm focal chondral defect within the lateral facet of the patella with adjacent marrow edema, tri-compartmental DJD, quadriceps and patellar tendinosis, baker's cyst, and pre-patellar bursitis." Patient's current work status is not provided. MTUS, ACOEM and ODG guidelines are silent on thyroid function tests. However, the American Association of Clinical Endocrinologists Guidelines for Hypothyroidism in Adults page 1012, regarding measurement of TSH levels in patient's taking Levothyroxine states: "Patients being treated for established hypothyroidism should have serum TSH measurements done at 4-8 weeks after initiating treatment or after a change in dose. Once an adequate replacement dose has been determined, periodic TSH measurements should be done after 6 months and then at 12 month intervals, or more frequently if the clinical situation dictates otherwise." In regards to the request for a Thyroid panel, the lab procedure appears appropriate. Progress note dated 01/12/15 states: "Requesting labs, thyroid panel due to patient being on Levothyroxine." Progress reports provided consistently indicate that this patient suffers from hypothyroidism, there is also no indication that such lab tests have been performed recently. Given this patient's hypothyroidism, medication regimen, and an apparent lack of recent testing, it appears the request is reasonable. The request IS medically necessary.