

<b>Case Number:</b>	CM15-0110614		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 52 year old female, who sustained an industrial injury on 11/1/05. She reported a right knee injury. The injured worker was diagnosed as having loosening right total knee arthroplasty with associated pain, right knee prosthetic joint infection, degenerative osteoarthritis of left knee and osteoporosis. Treatment to date has included right total arthroplasty, right knee steroid injections, physical therapy, activity restrictions, right knee aspiration, removal of components and placement of antibiotic spacer of right knee and intravenous antibiotics. X-ray of right knee performed on 5/15/15 revealed status removal of right knee prosthesis with placement of temporary intra-articular spacer. Currently, the injured worker complains of left knee pain as well as pain in right total knee arthroplasty. She notes she has difficulty walking with a walker. Physical exam noted dressing intact of right knee and significant pain with passive range of motion and left knee varus deformity with crepitation of the medial compartment with valgus pseudo laxity present. The treatment plan for date of service 5/15/15 included IV antibiotics for prosthetic joint infection, PICC line, continuation of Invanz and Vancomycin and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly complete blood count (CBC), complete metabolic panel (CMP), C-reactive protein (CRP) and vanco levels times 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/12710004](http://www.ncbi.nlm.nih.gov/pubmed/12710004), [www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939), [www.ncbi.nlm.nih.gov/pubmed/24226100](http://www.ncbi.nlm.nih.gov/pubmed/24226100), [www.ncbi.nlm.nih.gov/pmc/articles/PMC1291340/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1291340/).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/ency/article/003642.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm) [www.nlm.nih.gov/medlineplus/ency/article/003356.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm) [www.nlm.nih.gov/medlineplus/ency/article/003503.htm](http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm).

**Decision rationale:** This patient presents with chronic right knee complaints. The current request is for Weekly complete blood count (CBC), complete metabolic panel (CMP), C-reactive protein (CRP) and vanco levels times 3. Treatment to date has included right total arthroplasty, right knee steroid injections, physical therapy, activity restrictions, right knee aspiration, removal of components and placement of antibiotic spacer of right knee and intravenous antibiotics (05/15/15). The RFA is not provided for review. The patient is not working. The MTUS, ODG and ACOEM guidelines are silent on these diagnostic tests. However, MedlinePlus, a service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>, states that "A complete blood count (CBC) test measures the following: The number of red blood cells (RBC count), The number of white blood cells (WBC count), The total amount of hemoglobin in the blood, and The fraction of the blood composed of red blood cells (hematocrit)." It also says that "It may be used to: Diagnose infections or allergies; Detect blood clotting problems or blood disorders, including anemia; and Evaluate red blood cell production or destruction." MedlinePlus, a service of the U.S. National Library of Medicine, <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>, states that "C-reactive protein is produced by the liver. The level of CRP rises when there is inflammation throughout the body." It also says, "the CRP test is a general test to check for inflammation in the body. It is not a specific test. That means it can reveal that you have inflammation somewhere in your body, but it cannot pinpoint the exact location." It can be used to check for inflammatory diseases such as rheumatoid arthritis, lupus or vasculitis, or to determine the impact of an anti-inflammatory medication. "However, a low CRP level does not always mean that there is no inflammation present. Levels of CRP may not be increased in people with rheumatoid arthritis and lupus. The reason for this is unknown." With regards to CPK, MedlinePlus states at <http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm> that "Creatine phosphokinase (CPK) is an enzyme found mainly in the heart, brain, and skeletal muscle. This article discusses the test to measure the amount of CPK in the blood." The test is used for diagnosing injury or stress to muscle tissue, the heart, or the brain. According to report 05/16/15, the patient is status post removal of right knee prosthesis with placement of temporary intra-articular spacer. Physical examination noted dressing intact of right knee and significant pain with passive range of motion and left knee varus deformity with crepitation of the medial compartment with valgus pseudo laxity present. Treatment plan was for IV antibiotics for prosthetic joint infection, PICC line placement and continue Invanz and vancomycin. The patient's medication regimen included acetaminophen, aspirin, celecoxib, duloxetine, famolidine, levothyroxine, polyethylene glycol, senna and vancomycin. The treater does not provide a rationale for the requested weekly lab testing in any of the recent reports and the RFA is not provided for review. The medical file does include laboratory results which included chemistry panel, general chemistry, hemogram, Coagulation, and urinalysis.

In this case, it would appear that the patient's knee hardware was removed due to infection and current undergoing Vanco treatment with a spacer for the knee. Weekly labs along with Vanco levels are medically necessary and should be authorized.