

Case Number:	CM15-0125271		
Date Assigned:	07/09/2015	Date of Injury:	09/30/1997
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 (IW) is a 49 year old female who sustained an industrial injury on 09/30/1997. She reported left knee strain and abrasion to the left hand. The injured worker was diagnosed as having back pain with radiation; bilateral knee pain; bilateral foot and ankle pain; right wrist sprain rule out internal derangement; right elbow pain (now resolved); chronic pain syndrome; morbid obesity; high blood pressure; neuropathic complaints/paresthesias, plantar fasciitis; and major depressive episode with panic disorder with psychological factors and general medical condition; rule out internal derangement left knee. Treatment to date has included back, ankle, and knee surgeries, medications, physical therapy and pain management. In the visit of 05/19/2015, the worker is seen for complaint of chronic pain. Medications include Tramadol, Cyclobenzaprine, and Meloxicam. The worker had left ankle surgery 05/2015, internal medicine specialist for gastrointestinal complaints 04/17/2015. She was seen 04/08/2015 for lumbago. She has ongoing back pain with radiation to the knee more on the left side than on the right. On exam she is very tender even to light touch on the lower back. She had difficulty standing from a seating position and transitioning. The treatment plan was for follow up with pain management for determination if she has component of myofascial pain syndrome. A request for authorization is made for the following: 1. Erythrocyte sedimentation rate; 2. Rheumatoid factor test; 3. C-reactive protein and anti C-reactive protein tests; 4. Anti- nuclear antibodies test.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-reactive protein and anti C-reactive protein tests: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, C-reactive protein.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The up-to date clinical guidelines section on C-reactive protein does not recommend its use in the evaluation of possible connective tissue inflammatory disorders. The clinical documentation for review indicates this was the reason for ordering the test and therefore the request is not medically necessary.