

Case Number:	CM15-0178375		
Date Assigned:	09/18/2015	Date of Injury:	01/21/2014
Decision Date:	10/22/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female who sustained an industrial injury on 1-21-14. Diagnoses noted are moderate to severe degenerative changes of the medial femoral tibial joint space with associated degenerative changes of the central medial meniscus per MRI 4-2-14, status post partial medial and lateral meniscectomy per operative report 6-26-14, and right knee pain. Previous treatment includes Corticosteroid injection-knee, surgery, knee brace, and at least 12 physical therapy sessions. In a comprehensive orthopedic evaluation and request for authorization dated 7-30-15, the treating physician notes complaints of pain in the right knee rated as 7 out of 10 on the pain scale and that this is slightly increased from the value given on 6-18-15. A cortisone injection was done 6-4-15 and she notes she had significant improvement for approximately 2 weeks. Right knee active extension is to 0 degrees and flexion is to 120 degrees with pain noted to reach full flexion. Gross crepitus can be palpated on passive flexion and extension of the right knee. Patella grind test was positive. McMurray's test elicited discomfort. There is moderate tenderness to palpation over the medial and lateral tibiofemoral joint space. It is noted that a second request is made for laboratory analysis to assess the vital organs prior to prescribing additional analgesic medication. The labs requested include a basic metabolic panel, comprehensive blood count, and hepatic function panel as she continues to utilize over-the-counter analgesic medication such as Tylenol and Ibuprofen. Viscosupplementation to the right knee for a series of 5 injections is requested. Work status is a return to work 7-30-15 with restrictions. The requested treatment of viscosupplementation injections-right knee was approved

on 8-17-15. The requested treatment of basic metabolic panel, comprehensive blood count, and hepatic function panel was denied on 8-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basic Metabolic Panel QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p92.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for right knee pain with a history of a partial meniscectomy in June 2014. When seen, pain was rated at 7/10. There had been temporary improvement after a corticosteroid injection. Physical examination findings included a body mass index of 42.5. There was tenderness with crepitus and positive patellar grind testing. There was moderate discomfort with McMurray testing. Lab testing was requested as the claimant was continuing to take over the counter Tylenol and ibuprofen. Due to the potential adverse effects from chronic use of more than 2 months of non-steroidal anti-inflammatory medication patients should be periodically monitored for adverse effects including blood loss, renal insufficiency as manifested by an increased creatinine, and hepatic enzyme elevations. In this case appropriate testing would include a serum creatinine and hemoglobin and hematocrit and testing of liver enzymes. A CBC and complete metabolic panel are not medically necessary.

Comprehensive Blood Count QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p92.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for right knee pain with a history of a partial meniscectomy in June 2014. When seen, pain was rated at 7/10. There had been temporary improvement after a corticosteroid injection. Physical examination findings included a body mass index of 42.5. There was tenderness with crepitus and positive patellar grind testing. There was moderate discomfort with McMurray testing. Lab testing was requested as the claimant was continuing to take over the counter Tylenol and ibuprofen. Due to the potential adverse effects from chronic use of more than 2 months of non-steroidal anti-inflammatory medication patients should be periodically monitored for adverse effects including blood loss, renal insufficiency as manifested by an increased creatinine, and

hepatic enzyme elevations. In this case appropriate testing would include a serum creatinine and hemoglobin and hematocrit and testing of liver enzymes. A CBC and complete metabolic panel are not medically necessary.

Hepatic Function Panel QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p92.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for right knee pain with a history of a partial meniscectomy in June 2014. When seen, pain was rated at 7/10. There had been temporary improvement after a corticosteroid injection. Physical examination findings included a body mass index of 42.5. There was tenderness with crepitus and positive patellar grind testing. There was moderate discomfort with McMurray testing. Lab testing was requested as the claimant was continuing to take over the counter Tylenol and ibuprofen. Due to the potential adverse effects from chronic use of more than 2 months of non-steroidal anti-inflammatory medication patients should be periodically monitored for adverse effects including blood loss, renal insufficiency as manifested by an increased creatinine, and hepatic enzyme elevations. In this case appropriate testing would include a serum creatinine and hemoglobin and hematocrit and testing of liver enzymes. A hepatic function panel is medically necessary.