

Case Number:	CM15-0023234		
Date Assigned:	02/12/2015	Date of Injury:	02/15/2008
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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, 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 60-year-old female who sustained a work related injury on February 15, 2008, incurring low back, right knee and right ankle injuries after a fall. Treatment included physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and conservative treatment, sacroiliac injections and pain medications. She was diagnosed with lumbar facet arthropathy, lumbar degenerative disc disease and disc bulge, sacroiliac joint arthropathy and chronic back pain. Currently, the injured worker complained of bilateral left knee pain and right knee pain, low back pain and buttock pain exacerbated by prolonged sitting, standing and movement. Treatment included narcotics, bracing of the right knee, knee injections, epidural steroid injections and Radiofrequency Ablation. 10/2/14 medical report noted that x-rays showed a 2 mm articular surface remaining. Authorization was requested for laboratory studies and an x ray of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: Comprehensive metabolic panel, CBC and UA test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://labtestsonline.org/understanding/analytes/cbc/tab/test>

<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test><http://labtestsonline.org/understanding/analytes/cmp/tab/test>.

Decision rationale: Regarding the request for labs, California MTUS and ODG do not address the issue. There is support for periodic testing for patients utilizing chronic medications in order to evaluate for damage to organs such as the kidneys and liver. Within the documentation available for review, the patient has a chronic injury and there is documentation of the use of multiple medications. However, there is no documentation of the date and results of any prior testing that has been performed to support repeating the testing at this point. In light of the above issues, the currently requested labs are not medically necessary.

Standing X-Ray of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Knee & Leg Radiograph (X-rays).

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

Decision rationale: Regarding the request for x-ray of the right knee, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. They support the use of x-rays for joint diffusion within 24 hours of trauma, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately within a week of trauma, and inability to flex the knee to 90. Within the documentation available for review, it appears the patient underwent x-ray a few months prior to the current request demonstrating 2 mm of joint space remaining. The provider requested an x-ray to evaluate the joint space, but there is no clear indication of a new injury or significant worsening suggestive of a significant change in the patient's joint space. In the absence of clarity regarding those issues, the currently requested x-ray of the right knee is not medically necessary.