

Case Number:	CM15-0073453		
Date Assigned:	04/23/2015	Date of Injury:	06/20/2014
Decision Date:	06/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/17/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 47 year old male, who sustained an industrial injury on 6/20/2014. He reported feeling a pop in the back of his left calf. Diagnoses have included sprain and strain of unspecified site of knee and leg, left Achilles tendinitis and left plantaris tendon tear with history of hematoma. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 3/12/2015, the injured worker complained of weakness in his left calf/leg. He also complained of pain at the right wrist and shoulder from using a cane. He also complained of low back pain with left lateral thigh numbness. The injured worker ambulated with a cane in his right hand with an apparent limp about the left lower extremity. There was diffuse left calf/leg tenderness. There was lumbosacral tenderness. Authorization was requested for lipid panel, methylmalonic acid serum, ankle brachial index and complete blood count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylmalonic acid serum: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/>.

Decision rationale: Vitamin B12 deficiency can lead to symptoms including ataxia (shaky movements and unsteady gait), muscle weakness, spasticity (stiff or rigid muscles), incontinence (lack of bladder and/or bowel control), hypotension (low blood pressure), vision problems, dementia, psychoses (abnormal condition of the mind), and mood disturbances. Supplementing vitamin B12 is effective for preventing and treating dietary vitamin B12 deficiency. Methylmalonic acid is a substance that increases in level in people with vitamin B-12 deficiency. Documentation provided shows that the injured worker has persistent left calf and leg pain due to sprain, strain and Achilles tendonitis. There is no evidence showing that the injured worker is deficient in Vitamin B12. The medical necessity for checking methylmalonic acid level has not been established. The request for Methylmalonic acid test is not medically necessary.

Complete blood count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDS) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). Documentation provided shows that the injured worker has persistent left calf and leg pain due to sprain, strain and Achilles tendonitis. Documentation fails to show that this injured worker is taking NSAIDs or diagnosed with a chronic medical condition that would warrant checking a complete blood count. The request for Complete blood count is not medically necessary by guidelines.

Ankle brachial index: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/>.

Decision rationale: The ankle-brachial index (ABI) test is a quick, noninvasive way to check for the risk of peripheral artery disease (PAD), a condition in which the arteries in the legs or arms are narrowed or blocked. PAD increases the risk of getting a heart attack, stroke, poor circulation and leg pain. Guidelines recommend obtaining an ABI in patients with symptoms including leg pain with activity or limb fatigue, heaviness, or numbness with ambulation, and objective findings of absent pedal (foot) pulses or bruits (a sound heard with a stethoscope indicating turbulent blood flow) on physical examination. Screening the general population for PAD is not recommended. Documentation provided shows that the injured worker has persistent left calf and leg pain due to sprain, strain and Achilles tendonitis. Physician reports fail to show objective findings to support the medical necessity for ABI test. The request for Ankle brachial index is not medically necessary.

Lipid panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/>.

Decision rationale: Hyperlipidemia is a major risk factor for atherosclerotic disease (the build-up of fats, cholesterol and other substances in and on the artery walls), cardiovascular disease and cardiovascular death. The American College of Physicians recommends screening adults at any age who are at risk for CHD, including those with a family history of hyperlipidemia. Patients without risk factors should be screened every 5 years with repeat screening sooner in those who develop new risk factors. Performing annual lipid screening in patients not treated for hyperlipidemia is not recommended unless there is a specific reason to suspect a change. Documentation at the time of the requested service under review fails to show a clear reason for ordering a lipid panel and there is lack of evidence supporting that the injured worker is diagnosed with Hyperlipidemia. The request for Lipid panel is not medically necessary per guidelines.