

<b>Case Number:</b>	CM15-0077434		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Emergency 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 28 year old female, who sustained an industrial injury on 5/12/2014. The current diagnoses are right knee sprain/strain, rule out right knee meniscal tear, bilateral ankle sprain/strain, and rule out derangement and bilateral ankle talofibular tear, and bilateral feet plantar fasciitis. According to the progress report dated 2/4/2015, the injured worker complains of sharp, stabbing right knee pain and muscle spasms. The pain is rated 6-7/10 on a subjective pain scale. She also complains of numbness, tingling, and pain radiating into the foot. Additionally, she reports dull, achy bilateral ankle pain and muscle spasms. The pain in the right ankle is rated 6-7/10 and the left ankle is 7-8/10. She also has dull, achy, often time sharp, stabbing pain in the soles of her feet associated with muscle spasms. The pain in the right foot is rated 6-7/10 and the left foot 6/10. The current medications are Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Treatment to date has included medication management, MRI studies, physical therapy, acupuncture, and shockwave therapy. The plan of care includes laboratory studies and Vitamin D.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thyroid-stimulating hormone (TSH) test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

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

**Decision rationale:** The requested Thyroid-stimulating hormone (TSH) test, is not medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The injured worker has sharp, stabbing right knee pain and muscle spasms. The pain is rated 6 7/10 on a subjective pain scale. She also complains of numbness, tingling, and pain radiating into the foot. Additionally, she reports dull, achy bilateral ankle pain and muscle spasms. The pain in the right ankle is rated 6-7/10 and the left ankle is 7-8/10. She also has dull, achy, often time sharp, stabbing pain in the soles of her feet associated with muscle spasms. The pain in the right foot is rated 6-7/10 and the left foot 6/10. The treating physician has not documented the medical necessity for thyroid lab tests. The criteria noted above not having been met, Thyroid-stimulating hormone (TSH) test is not medically necessary.

**Vitamin D:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Treatment Guidelines, Pain (Chronic), Vitamin D.

**Decision rationale:** The requested Vitamin D, is not medically necessary. CAMTUS is silent. Official Disability Treatment Guidelines, Pain (Chronic), Vitamin D "Recommend consideration in chronic pain patients and supplementation if necessary". The injured worker has sharp, stabbing right knee pain and muscle spasms. The pain is rated 6-7/10 on a subjective pain scale. She also complains of numbness, tingling, and pain radiating into the foot. Additionally, she reports dull, achy bilateral ankle pain and muscle spasms. The pain in the right ankle is rated 6-7/10 and the left ankle is 7-8/10. She also has dull, achy, often time sharp, stabbing pain in the soles of her feet associated with muscle spasms. The pain in the right foot is rated 6-7/10 and the left foot 6/10. The treating physician has not documented Vitamin D deficiency. The criteria noted above not having been met, Vitamin D is not medically necessary.