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| Case Number: | CM15-0094284 | | |
| Date Assigned: | 05/20/2015 | Date of Injury: | 10/31/2014 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 35-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 31, 2014. In a Utilization Review report dated May 13, 2015, the claims administrator denied a request for laboratory testing to include a CMP and CBC. A RFA form dated April 20, 2015 and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated April 15, 2015, a left knee arthroscopy was sought, along with associated preoperative laboratory testing. On April 20, 2015, it was acknowledged that the applicant was not working with ongoing complaints of knee pain, currently rated at 10/10. The applicant was apparently using crutches to move about. The applicant had used medications which included aspirin, Ultracet, and Relafen in the past, it was acknowledged. The applicant was given operating diagnoses of knee tendinitis and knee arthritis. Naprosyn, Tylenol No. 3, Senna, and laboratory testing were endorsed to evaluate the applicant's renal and hepatic function.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) med panel to include CMP and CBC: Overturned

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: Yes, the request for laboratory testing to include a CBC and CMP was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs includes CBC and chemistry profile. Thus, ascertaining the applicant's hematologic, renal, and hepatic function was indicated on or around the date in question, to ensure that the applicant's current levels of renal and hepatic function were consistent with currently prescribed medications, which included Naprosyn, an NSAID medication. Therefore, the request was medically necessary.