Case Number:	CM14-0003717		
Date Assigned:	02/03/2014	Date of Injury:	05/12/2012
Decision Date:	06/17/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/10/2014

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on May 12, 2012. The mechanism of injury was a repetitive motion injury. According to the clinical note dated November 18, 2013, the injured worker cannot utilize NSAIDs due to extreme hypertension and past episodes of hypertensive crisis requiring hospitalization. The injured worker underwent a right total knee arthroplasty on December 17, 2012 and a right knee arthroscopic lysis of adhesions and manipulation on February 04, 2013. The injured worker was utilizing gabapentin, Percocet, and medical marijuana for pain. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC WITH DIFF, SED RATE AND CRP AND TAGGED WHITE CELL SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen adverse effects Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious disease, Bone & joint infections: prosthetic joints; and Medline Plus, WBC scan, online database.

Decision rationale: The California MTUS guidelines recommend laboratory monitoring when using NSAIDs. The guidelines 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. However, the injured worker is not taking NSAIDs due to extreme hypertension. The Official Disability Guidelines note infection usually presents as deep wound infection in a patient who is acutely ill with fever and joint inflammation. The differential is often a superficial wound infection. Patients with chronic infection may state that the joint was never quite right, and have chronic pain and poor function, but few signs of infection. The differential is aseptic loosening. ESR and C-reactive protein are generally elevated and if both are negative, the diagnosis is ruled out. They may not be helpful in settings where the underlying disease will produce the positive findings (such as RA). Peripheral white count is often normal. Medline Plus notes WBC scan is done to look for a hidden infection. It is particularly useful if your doctor suspects there is an infection or inflammation in the abdomen or bones. The provider recommended the requested labs as the patient was 1 year postoperative. The injured worker is utilizing Percocet, which could warrant laboratory monitoring due to the potential for hepatotoxicity. There is a lack of documentation regarding possible adverse effects from the injured workers medication regimen. The provider recommended the laboratory monitoring due to the injured worker being one year post-operative; however, the provider noted the injured worker had no findings indicative of infection. It was unclear why the injured worker would require the labs in the absence of findings of infection. Therefore, the request for a CBC with diff, SED rate and CRP and tagged white cell scan is not medically necessary.