

Case Number:	CM13-0002666		
Date Assigned:	12/11/2013	Date of Injury:	03/19/2013
Decision Date:	02/21/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Ohio, Pennsylvania, and Texas. 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 physician 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:

This review is for appeal regarding 1. EKG preoperative, and 2. BMP preoperative. Based upon the current documentation provided as well as the current California MTUS Guidelines, the patient by history is a 49-year-old gentleman who underwent a previous knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on the request regarding an EKG, based on the documentation provided in terms of case discussion, preoperative clearance is requirement of the surgery center and the anesthesiologist. However, this is not the medical indication for an EKG. There are no other records provided in regard to this case in terms of the current requirements from the surgical center. In regard to the preoperative testing with BMP and lab testing, the patient was

noted to be a 49-year-old gentleman with a family history of diabetes and his BMI was approximately 37. Lab work in the form of a CBC and BMP appear to be reasonable from preoperative standpoint. In regard to EKG preoperative management, it is clear in the evidence provided from current guidelines that EKGs are recommended for patients undergoing "high risk surgery" and those undergoing intermittent surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. The surgical procedure of a diagnostic arthroscopy would be considered low risk and no need for electrocardiography would be needed in this case. There was no documentation of any signs or symptoms of active cardiovascular disease. There was no known documentation of any risk factor for coronary disease. As such, the EKG could not be deemed as medically reasonable based on the documentation currently provided. There also does not appear to be any significant evidence that the patient would need an EKG other than the fact that he had an elevated body mass index. There appears in the medical records to only be a family history, but no evidence of any current coronary risk factors in this case.

Basic Metabolic Panel - UA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: In regard to this case, it is unclear whether the BMP or urinalysis was deemed necessary. There was a partial approval based on the paperwork provided. In regard to criteria for preoperative lab testing, preoperative urinalysis was recommended for patients undergoing invasive urologic procedures and those undergoing implantation for material. Metabolic profile testing would be performed in patients with underlying chronic disease and those taking medications that would predispose them to electrolyte abnormalities or renal failure, and there is no evidence of that in this case. Again, with lack of any further documentation, it does not appear that the patient had criteria that would necessitate the use of BMP or urinalysis in this case.