

<b>Case Number:</b>	CM13-0019913		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with industrial injury of December 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long-acting opioids; blood pressure lowering medications; and psychotropic medications. In a Utilization Review Report dated August 29, 2013, the claims administrator partially certified a preoperative history and physical with an internist, an EKG, and laboratory testing including a CBC and BMP. Inderal was partially certified as a one-month supply, on the grounds that the applicant's allegation of hypertension had not been deemed compensable by the claims administrator. In a progress note dated December 9, 2013, the applicant was described as status post left knee arthroscopy and meniscal debridement on December 9, 2013. On March 18, 2013, the applicant was described as having a past medical history notable for arthritic conditions of the knee. The applicant was severely obese with a BMI of 41, it was stated. In a note dated August 23, 2013, the applicant presented with persistent left knee pain. The applicant was apparently intent on pursuing surgical intervention. The applicant's blood pressure was 124/82. There was no mention of hypertension as one of the stated diagnoses here. EKG, CMP, CBC, cholesterol testing, hemoglobin A1C, PT, PTT, INR, and chest x-ray were endorsed. No rationale for any of the tests in question was provided. On progress notes of June 4, 2013 and August 6, 2013, the applicant's knee surgeon stated that the applicant should consider a knee arthroscopy. Also reviewed were several notes from the attending provider enclosing guidelines supporting the prescriptions in question. Little or no applicant rationale was provided. On August 23, 2013, the applicant was again described as using Cymbalta, Percocet, Inderal, and Butrans. Again, there was no formal mention of hypertension as one of the operating diagnoses here.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PRE-OP CARDIAC CLEARANCE/EKG/CMP/CBC/VAP CHOLESTEROL/HGA1C:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing Article.

**Decision rationale:** The MTUS does not address the topic of preoperative testing. As noted by Medscape, most guidelines recommend preoperative hemoglobin testing if the history is suggestive of underlying anemia or if a significant blood loss is anticipated during the operation. A routine preoperative CBC, white count, or platelet count is not recommended as the prevalence of severe leukopenia, leukocytosis, or thrombocytopenia is extremely low. In this case, there was no mention of anemia, thrombocytopenia, leukopenia, or leukocytosis being suspected. Thus, the CBC component of the request cannot be supported here. The EKG component of the request is likewise not indicated. As noted by Medscape, EKG testing is recommended in all severely obese patients with at least one risk factor. In this case, the applicant is a severely obese individual with BMI greater than 40. However, there was no mention of the applicant's having one of the risk factors. There is no clearly stated mention of the applicant's carrying a diagnosis of diabetes or hypertension for which the EKG component of the request could be supported. Similarly, Medscape notes that electrolyte determination is not routinely recommended for elective surgery in healthy individuals. In this case, the CMP testing in question represented chemistry testing. Again, no rationale for this or other testing was provided. Since the CBC, CMP, and EKG components of the request are all not recommended here, per Medscape, the entire request is considered not recommended and is therefore not medically necessary.

**INDERAL 20MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult.Com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), Inderal Medication Guide.

**Decision rationale:** Again, the MTUS does not address the topic. As noted in the Physicians' Desk Reference (PDR), Inderal or Propranolol is indicated in the management of hypertension. It can also be used to decrease angina frequency in certain individuals and/or in the prophylaxis of migraine headaches, the PDR goes on to note. In this case, however, no rationale for usage of Inderal was provided. It was never clearly stated that the applicant carried diagnoses of

hypertension, angina, and/or migraine headaches for which ongoing usage of Inderal would be indicated. The attending provider specifically made no mention of migraine headaches, angina, or hypertension in the past medical history section of any progress note provided. Therefore, the request is not medically necessary.