MAXIMUS Federal Services

Case Number:	CM13-0031766		
Date Assigned:	12/04/2013	Date of Injury:	12/13/2012
Decision Date:	04/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 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:

The Physician Reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 68-year-old female who reported an injury on 12/13/2012. The mechanism of injury was a fall. The patient was diagnosed with an unhealed non-union fracture of the left fibula, ligament strain/sprain, plantar fasciitis, sinus tarsi syndrome, ankle capsulitis, a possible ankle synovitis, metatarsalgia, stress fracture 2nd, 3rd, and 4th metatarsals on the left side with weak muscles in the left lower extremity, arthralgia, and antalgic gait. The patient complained of pain to the left ankle. The patient was casted and used a walker and pain medications. The patient also participated in physical therapy for the left ankle and foot. The patient was also given a Cam walker. The patient stated the pain increases with walking. The patient had pain with palpation at the gastrocnemius muscle, posterior tibial muscle, anterior tibial muscle, peroneal muscles, posterior tibial tendon, and the navicular at the attachment of the posterior tibial tendon. The patient also had pain with palpation at the cuboid at the sinus tarsi and had significant pain with palpation of the ankle capsule on the anterior aspect, and it was thickened compared to the right. The patient also had pain with palpation at the Achilles tendon, the plantar fascia at the level of the medial tubercle, the arch muscles, and the 2nd metatarsophalangeal joint on the dorsal aspect. The patient also had severe pain with palpation to the lateral and medial gutter of the ankle and also had pain with palpation to the 2nd, 3rd, and 4th metatarsals, consistent with stress fractures. The patient also had significant pain with palpation of her left fibula. The patient had decreased range of motion with the left ankle and foot. The patient was recommended to continue physical therapy and medications. The patient was also recommended surgical intervention that included an open reduction and internal fixation of the left fibula. A request was made for a postoperative urinalysis, preoperative CBC,

CMP, and prothrombin test, and a preoperative electrocardiography and chest x-ray. There was also a request for medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PREOPERATIVE URINALYSIS BETWEEN 9/10/2013 AND 10/25/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/285191-overview regarding Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing, general.

Decision rationale: The MTUS/ACOEM does not address the request. The Official Disability Guidelines indicate that preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The employee was recommended a left fibula ORIF; however, the clinical documentation submitted for review does not show evidence of any urological procedures to be performed on the employee. Given the lack of documentation to support guideline criteria, the request is non-certified.

ONE (1) PREOPERATIVE COMPLETE BLOOD COUNT (CBC), COMPREHENSIVE METABOLIC PANEL, AND PROTHROMBIN TEST BETWEEN 09/10/2013 AND 10/25/2013 IS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/285191-overview regarding Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing.

Decision rationale: The MTUS/ACOEM does not address the request. The Official Disability Guidelines indicate that a complete blood count is indicated for patients with diseases that increase the risk for anemia or patients in whom significant preoperative blood loss is anticipated. The guidelines also indicate that coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. The guidelines go on to indicate that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The employee was recommended a left fibula ORIF; however, the clinical documentation submitted for review does not show any comorbidities that would necessitate preoperative lab testing. Also, the employee was not noted

to be taking any anticoagulants. Given the lack of documentation to support guideline criteria, the request is non-certified.

ONE (1) PREOPERATIVE ELECTROCARDIOGRAPHY AND CHEST X-RAY BETWEEN 9/10/2013 AND 10/25/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/285191-overview regarding Preoperative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram (ECG).

Decision rationale: The MTUS/ACOEM does not address the request. The Official Disability Guidelines indicate that preoperative ECGs are recommended for patients undergoing high risk surgeries and those undergoing intermediate-risk surgeries who have additional risk factors. The guidelines also indicate that patients with signs and symptoms or active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The employee was recommended a left fibula ORIF; however, the clinical documentation submitted for review does not show any comorbidities. The documentation also does not show evidence of signs or symptoms of active cardiovascular disease. Given the lack of documentation to support guideline criteria, the request is non-certified

ONE (1) MEDICAL CLEARANCE BETWEEN 09/10/2013 AND 10/25/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/285191-overview regarding Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative testing, general.

Decision rationale: The MTUS/ACOEM does not address the request. The Official Disability Guidelines indicate that preoperative testing is often performed before surgical procedures. The guidelines also indicate that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The employee was recommended a left fibula ORIF; however, the clinical documentation submitted for review does not show evidence of any comorbidities. Given the lack of documentation to support guideline criteria, the request is non-certified.