MAXIMUS Federal Services

Case Number:	CM13-0033047		
Date Assigned:	06/06/2014	Date of Injury:	06/20/2012
Decision Date:	07/15/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical medicine and Rehabilitation, and is licensed to practice in Illinois. 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 a 56-year-old female who reported an injury on June 20, 2012. The mechanism of injury was not provided. The clinical note dated August 23, 2013 noted the injured worker presented with left ankle pain. The prior treatment included Lipitor, amitriptyline, a multi-vitamin and gabapentin. She was wearing an ankle boot. Upon examination of the left ankle there was mild swelling noted around the left malleolus and tenderness with palpation to the area just posterior of the left malleolus. The range of motion was normal and there was pain elicited with inversion and eversion. The injured worker's diagnoses included left ankle pain and a possible peroneal tendon tear. The provider recommended a pre-operative complete blood panel with auto differential and a urine analysis with culture if indicated. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP CBC WITH AUTO DIFFERENTIAL, UA WITH CULTURE IF INDICATED:
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 Official Disability Guidelines (ODG) Low Back, Preoperative Lab testing.

Decision rationale: The Official Disability Guidelines recommend a complete blood count if indicated for injured workers with diseases that increase the risk of anemia or injured workers in whom significant preoperative blood loss is anticipated. Preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedure and those undergoing implantation of foreign material. The included medical documents did not lack evidence of the injured worker's risk for anemia or significant preoperative blood loss anticipation. There is no indication that the injured worker is undergoing invasive urologic procedures or implantation of foreign material. The ankle surgery in question is still awaiting approval. The request for pre-operative CBC (complete blood count) with auto differential, UA (urinalysis) with culture, if indicated, is not medically necessary or appropriate.