

Case Number:	CM13-0062725		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2013
Decision Date:	05/27/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedic Surgery 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:

This 48-year-old female cook/dishwasher sustained an industrial injury on 9/30/13 when she slipped and fell onto her right arm, sustaining a right radial head fracture. The 11/11/13 CT (computed tomography) scan of the right elbow revealed a comminuted fracture of the capitellum of the distal humerus and lateral epicondyle with some separation and displacement of fragments, compressed and slightly impacted fracture of the radial head, and small avulsion fracture of the ulna. The 11/18/13 treating physician initial report documented right elbow x-ray findings of a coronal shear fracture of the lateral condyle as well as an anterior radial head fracture. A request was submitted for open reduction and internal fixation of the distal humerus capitellum, lateral condyle and radial head, with possible radial head replacement, and possible lateral collateral ligament repair. Pre-operative testing was also requested and performed 11/18/13. The 12/6/13 utilization review denied the request for open reduction and internal fixation as the injury was over 2 months old and would not be helpful. Pre-operative testing was denied as the surgery was not approved. The 12/10/13 appeal letter stated that the patient was not initially seen until 11/18/13. The treating physician stated that the patient had a widely displaced fracture with fragments in grossly abnormal alignment. He opined that without surgical correction, the fragments will never properly align themselves and the patient would never regain elbow function. The radial head fracture was likely irreparable, requiring possible radial head replacement. The surgery was subsequently authorized and performed on 12/13/13. The records indicate that this patient is a diabetic.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE OPERATIVE WORK UP: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation.

Decision rationale: Under consideration is a request for pre-operative work-up. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. The guideline criteria have been met. The patient is 48 years old and diabetic. Middle-aged females and diabetics have known occult increased medical/cardiac risk factors that support the need for pre-operative work-up. Therefore, this request for pre-operative medical clearance is medically necessary.

RETRO: CHEST X RAY DATE OF SERVICE 11/18/2013: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: Under consideration is a retrospective request for chest x-ray on date of service 11/18/13. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. The guidelines criteria have been met. The patient is 48 years old and diabetic. Middle-aged females and diabetics have known occult increased medical/cardiac risk factors. Therefore, this retrospective request for a chest x-ray on date of service 11/18/13.is medically necessary.

RETRO: EKG DATE OF SERVICE 11/18/2013: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

Decision rationale: Under consideration is a retrospective request for electrocardiogram (EKG) on date of service 11/18/13. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. The guidelines criteria have been met. The patient is 48 years old and diabetic. Middle-aged females have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this retrospective request for EKG on date of service 11/18/13 was medically necessary.

RETRO: PRE OPERATIVE LABS: CBC, CMP, UA, HCG QUALITATIVE, AND PROTINE/PTT: DATE OF SERVICE 11/18/2013: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar;116(3):522-38.

Decision rationale: Under consideration is a retrospective request for pre operative labs: CBC (complete blood count), CMP (comprehensive metabolic panel), UA (urinalysis), human chorionic gonadotropin (hCG) qualitative, and Protine/PTT, on date of service 11/18/13. The California MTUS guidelines do not provide recommendations for this service. The evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. The guidelines criteria have been met. The patient is 48 years old and diabetic. Middle-aged females and diabetics have known occult increased medical and cardiovascular risk factors to support the medical necessity pre-operative testing. Therefore, this retrospective request for pre operative labs: CBC, CMP, UA, HCG qualitative, and Protine/PTT on date of service 11/18/13 was medically necessary.