

Case Number:	CM14-0100869		
Date Assigned:	07/30/2014	Date of Injury:	01/05/1993
Decision Date:	09/25/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 is a 64 year-old male patient with a 1/5/1993 date of injury. The mechanism of injury was when at work the patient fell 13-14 feet to the ground landing on both feet. On a 6/11/14 exam note the patient complains of constant sharp aching pain in his right ankle. He reports his pain is 6/10 on the VAS scale. He is currently working with no restrictions. It is stated in the report that the patient is alert, oriented and in no apparent distress. The diagnostic impression is post right pylon fracture with ankle varus deformity, traumatic arthrosis right foot cavus, right shoulder pain, previous cuff repair, hammer toe deformities toes 1-5, COPD, GERD, hypertension, history of kidney stones, dyslipidemia, BPH, and thin supraspinatus tendon impingement. Treatment to date: Physical therapy, surgery, diagnostic, and medication management. A UR decision dated 6/26/14 denied the request for pre-operative testing. The rationale for denial was that the patient did not meet the ACOEM guidelines for pre-operative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE OPERATIVE TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - LOW BACK CHAPTER.

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- Lumbar & Thoracic (Acute & Chronic) Chapter Pre-operative EKG and lab testing ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery.

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. These tests are not considered useful as to making an important contribution to the process of perioperative assessment by the anesthesiologist. Furthermore, a UR decision dated 6/26/2014 denied the request for partial excision of right tibia and talus with debridement of medial ankle gutter. The associated pre-operative request cannot be substantiated. Therefore, the request for Pre-Operative testing is not medically necessary.