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| Case Number: | CM14-0102998 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 09/24/2010 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Orthopedic Surgeon, has a subspecialty in Sports Medicine and is licensed to practice in Alaska and Texas. 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 51-year-old female who reported an injury on 09/24/2010. The mechanism of injury was not stated. Current diagnoses include obesity, localized primary osteoarthritis of the ankle or foot, equinus contracture of the ankle, joint pain in the ankle and foot, disorder of a joint of the ankle and foot, and acquired equinus deformity of the foot. The latest physician progress report submitted for this review is documented on 06/02/2014. The injured worker presented with complaints of joint pain in the ankle. It is noted that the injured worker was pending authorization for surgery. Physical examination revealed anterior joint line tenderness in the left lower extremity, 20 degree plantar flexion, 20 degree inversion, 5 degree eversion, tenderness to palpation of the plantar medial heel, and intact sensation with 5/5 motor strength. Treatment recommendations at that time included continuation of stretching exercises and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis with culture and sensitivity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Low Back , Criteria for Preoperative Lab 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 chapter, Preoperative Testing, General.

Decision rationale: The Official Disability Guidelines state preoperative testing, including a urinalysis is often performed prior to a surgical procedure. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker was pending authorization for surgery. There was no mention of a significant clinical history or any comorbidities that would warrant the need for preoperative testing. The medical necessity has not been established. Therefore, the request is not medically necessary.