

<b>Case Number:</b>	CM14-0105716		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain reportedly associated with an industrial injury of March 14, 2012. Thus far, the applicant has been treated with the following: A second and third metatarsophalangeal joint arthrotomy, Arthroplasty, and third additional interphalangeal joint arthrodesis on September 7, 2012; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for preoperative laboratory testing, preoperative chest x-ray, preoperative echocardiography, and preoperative urinalysis on the grounds that a concomitant surgical request had also been denied through a separate Utilization Review Report. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant reported persistent complaints of pain about the affected foot. The applicant was having issues with discoloration about the foot and was apparently using a cane to move about from time to time. Stiffness was noted about the second and third MTP joint and phalanges with no motion readily apparent. X-rays taken demonstrated marked osteoarthritis of the second and third MTP joints. The applicant was asked to pursue a total joint implant Arthroplasty of the second and third MTP joints. Pain medications are refilled. Various preoperative tests were sought. The applicant's medication list and/or medication history were not provided on the June 11, 2014 progress note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative Laboratory Test (Complete Blood Count, Basic Metabolic Panel, Prothrombin, and Partial Thrombin Time): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article.

**Decision rationale:** The MTUS does not address the topic. However, as noted in the Medscape Preoperative Testing article, routine preoperative testing in healthy applicants undergoing elective surgery is not recommended. Medscape goes on to note that hemoglobin level is only endorsed in applicants about to undergo a major surgery with significant expected blood loss or in applicants greater than 65 years of age. In this case, however, the applicant is 56 years of age. The proposed foot and ankle surgery is unlikely to involve any major blood loss. It is further noted that there is no evidence that the surgery in question ever transpired or was ever approved by the claims administrator or through the Independent Medical Review process. For all of the stated reasons, then, the proposed preoperative laboratory testing is not medically necessary.

**1 Chest X Ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative testing article.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article.

**Decision rationale:** The MTUS does not address the topic. The surgery in dispute appears to have been denied through the Utilization Review process, obviating the need for preoperative chest X-Ray testing. It is further noted that, while Medscape endorses chest X-Ray testing in applicants older than 60 years of age, in this case, however, the applicant is 56 years of age. There is no evidence that the applicant has any active cardiopulmonary disease which would compel the chest X-Ray imaging in question, moreover. Therefore, the request is not medically necessary.

**Electrocardiography: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article.

**Decision rationale:** The surgery in question has apparently been denied through the Utilization Review process. There is no evidence that utilization review decision was overturned on Independent Medical Review. As further noted by Medscape, preoperative EKG testing is

generally recommended only in applicants undergoing a higher-risk surgery or intermediate-risk surgery with at least one cardiac risk factor. In this case, the surgery in question appears to be a lower-risk foot and ankle surgery. There is no evidence that the applicant has any risk factors such as diabetes, hypertension, and a history of coronary artery disease, smoking, etc., which would compel EKG testing. Therefore, the request is not medically necessary.

### **1 Preoperative Urinalysis ( Drug Screen ): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article.

**Decision rationale:** The surgery in question appears to have been denied through the Utilization Review process. The MTUS does not address the topic. As further noted by Medscape, urinalysis should not be routinely done preoperatively in asymptomatic applicants. In this case, there was no mention of the applicant complaining of issues such as dysuria, polyuria, hematuria, etc. which would compel a preoperative urinalysis. Therefore, the request is not medically necessary.