

<b>Case Number:</b>	CM14-0018116		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Orthopaedic 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 25-year-old female sustained a right foot injury on 6/14/11; mechanism of injury not documented. The patient underwent surgical debridement and synovectomy right subtalar joint on 12/18/12 with no change in the pain complaint. A right subtalar joint fusion with screw fixation was performed on 6/11/13. The 10/11/13 progress report noted less pain and compliance with non-weight bearing status using a knee walker. An exam noted mild tenderness to palpation right subtalar joint with crepitation, +1 to 2 edema, and slight increased warmth. Right lower extremity strength was noted +4/5. X-rays were obtained and showed minimal trabeculation across the subtalar joint posterior facet fusion site. The patient was to continue with the BK aircast but discontinue use of the knee walker, and begin weight bearing. The patient presented on 11/18/13 with severe grade 8-10/10 right ankle pain and inability to walk or bear weight. X-rays were obtained that suggested a delayed union/non-union of the right subtalar joint fusion. A bone growth stimulator was requested and additional surgery was contemplated. The patient was to wear the BK aircast boot at all times and remain completely non-weight bearing. The 12/2/13 right ankle x-ray impression documented talocalcaneal screw effusion with no evidence of fusion across the joint and diffuse osteopenia, which may represent disuse. The 12/18/13 treating physician report cited continued severe right lateral foot/ankle pain. Objective findings documented BMI 39.93, moderate to severe tenderness at the right lateral subtalar joint tarsal sinus with crepitation and +1 to 2 edema, moderate to severe tenderness about the right peroneal tendon, and very severe tenderness to inversion/eversion. Surgery was requested to include arthrodesis of the subtalar joint (revision of failed subtalar joint fusion site) with bone graft at the right ankle. A bone growth stimulator had been approved and would be used post-operatively. Pre-operative medical clearance and testing was requested. The 1/18/14 utilization review noted that the patient would benefit from a revision arthrodesis but the medical necessity of requested

pre-operative testing was not established. Agreement was noted on non-certification of the chest x-ray; the remainder of the tests was requested based on anesthesia and hospital requirements.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PRE-OP MEDICAL CLEARANCE: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines; Low Back Chapter, Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Institute For Clinical Systems Improvement (ICSI). Preoperative Evaluation.

**Decision rationale:** Under consideration is a request for pre-operative medical clearance. 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 obese and current medications suggest treatment for epilepsy. Therefore, this request for pre-operative medical clearance is medically necessary.

#### **PRE-OP BLOOD LABS: K,NA,PT,PTT CBC AND HCG/SERUM: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines; Low Back Chapter, Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Practice Advisory For Preanesthesia Evaluation: An Updated Report By The American Society Of Anesthesiologists Task Force On Preanesthesia Evaluation. Anesthesiology 2012 mar; page(s)116(3): 522-538.

**Decision rationale:** Under consideration is a request for pre-operative blood labs (K, NA, PT, PTT, CBC, and serum HCG). The California MTUS guidelines do not provide recommendations for this service. 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 use of the requested pre-operative lab testing appears reasonable in a 25-year-old patient on epilepsy medications undergoing general anesthesia. The treating physician indicated that this testing was required by the hospital and anesthesiologist. Therefore, this request for pre-operative blood labs (K, NA, PT, PTT, CBC, and serum HCG) is medically necessary.

## **RIGHT ANKLE ARTHRODESIS OF SUBTALAR JOINT WITH BONE GRAFT:**

Overtured

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (Odg) Ankle And Foot, Fusion (Arthrodesis).

**Decision rationale:** Under consideration is a request for right ankle arthrodesis of subtalar joint with bone graft. The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines provide indications for ankle fusion that require immobilization or anti-inflammatory medications, pain aggravated by activity or weight bearing and relieved by Xylocaine injection, mal-alignment and decreased range of motion, and positive x-rays findings of non-union or malunion of a fracture. Guidelines do not support subtalar fusion except for stage 3 or 4 adult acquired flatfoot. Guideline criteria appear to be satisfied. This patient underwent a subtalar joint fusion on 6/11/13 with no radiographic evidence of fusion. The patient has severe pain, inability to bear weight, marked tenderness and motion instability. Therefore, this request for right ankle (revision) arthrodesis of subtalar joint with bone graft is medically necessary.

**CHEST XRAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines; Low Back Chapter, Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College Of Radiology (ACR), Appropriateness Criteria® Routine Admission And Preoperative Chest Radiography. Reston (va): American College Of Radiology (ACR); 2011. Page 6.

**Decision rationale:** Under consideration is a request for pre-operative chest x-ray. 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, or there is a history of stable chronic cardiopulmonary disease in an elderly patient (older than age 70) without a recent chest radiograph within the past six months. The guidelines criteria have not been met. There is no evidence that there is suspicion of acute cardiopulmonary disease to support a chest x-ray. Records indicate that the treating physician had agreed to prior non-certification of the chest x-ray. Therefore, this request for a pre-op chest x-ray is not medically necessary.

**EKG:** Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines; Low Back Chapter, Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 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 request for pre-operative EKG. 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. Guideline criteria have been met. Obese females and epileptics have known occult increased cardiovascular risk factor to support the medical necessity of a pre-procedure EKG. Therefore, this request for pre-operative EKG is medically necessary.

**URINALYSIS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines; Low Back Chapter, Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 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 request for urinalysis. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Guidelines criteria have been met. The use of the requested pre-operative lab urinalysis appears reasonable in a 25-year-old patient on epilepsy medications undergoing general anesthesia. The treating physician indicated that this testing was required by the hospital and anesthesiologist. Therefore, this request for urinalysis is medically necessary.