

Case Number:	CM14-0110660		
Date Assigned:	08/01/2014	Date of Injury:	01/31/2013
Decision Date:	09/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 California Medical Treatment Utilization Schedule does not specifically address this type of request. The Official Disability Guidelines recommend preoperative lab testing when the injured worker has comorbidities that could contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does not identify significant abnormalities that would contribute to either intraoperative or postoperative complications. Therefore, the need for preoperative testing for an ambulatory surgery is not supported. As such, the requested Preoperative Laboratory Work is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative laboratory works: 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, pre-operative laboratory 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, Pre-Operative lab testing (general).

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address this type of request. The Official Disability Guidelines recommend preoperative lab testing when the injured worker has comorbidities that could contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does not identify significant abnormalities that would contribute to either intraoperative or postoperative complications. Therefore, the need for preoperative testing for an ambulatory surgery is not supported. As such, the requested Preoperative Laboratory Work is not medically necessary.

Pre-operative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pre-operative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Low Back, Pre-operative Laboratory Testing.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines recommend chest x-rays for injured workers who have pulmonary deficits that could contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does not provide any evidence that the injured worker has any type of comorbidities or pulmonary issues that would contribute to complications either during or after surgery. Therefore, the need for a preoperative chest x-ray for this ambulatory surgery is not supported. As such, the requested Preoperative Chest X-ray is not medically necessary.