

<b>Case Number:</b>	CM14-0130094		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Internal 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 injured worker is a 66 year old woman who suffered an industrial injury on 5/19/2012. She was seen on February 24, 2014 for an impairment rating and May 8, 2014 and June 12, 2014 by her primary treating provider. The patient had knee pain. On examination, her gait was antalgic with positive McMurray's sign producing medial and lateral joint line tenderness. An MRI done previously had demonstrated lateral and medial meniscal tears of the left knee. The plan was for medications and consideration of arthroscopic treatment. The request is for complete blood count (CBC) and evaluation of kidney and liver function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med panel/blood draw for evaluation of kidney, liver and Complete Blood Count (CBC) function:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FJ Garcia-Miguel et al. Preoperative assessment. LANCET 2003;362(9397): 1749-1757.

**Decision rationale:** Although many providers do screening labs prior to performing surgery to include kidney function, liver function and CBC, the standard recommendation is not to perform these tests routinely in the absence of clinical indicators that the patient may be suffering from disease of the kidney or liver or may have anemia or other abnormality on the complete blood count. As there is no documentation provided that the patient has any symptoms or signs of anemia, liver disease or kidney disease, such pre-operative routine screening would not be supported by evidence based guidelines.