

Case Number:	CM14-0135668		
Date Assigned:	08/29/2014	Date of Injury:	01/31/2014
Decision Date:	10/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/22/2014

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 37-year-old male truck driver sustained an industrial injury on 1/31/14. Injury to the left knee occurred while loading pallets onto a trailer. Past surgical history was positive for a left knee arthroscopy in 1990. There is no past medical history documented in the records. The 4/4/14 left knee MRI impression documented a chronic tear involving the anterior cruciate ligament and sprain or partial tear of the medial collateral ligament. There was a tear in the posterior horn of the medial meniscus. There was abnormal signal in the tibial plateau and medial femoral condyle suggestive of posttraumatic or degenerative changes. There was a joint effusion and tiny cyst behind the proximal tibial plateau. The 4/17/14 left knee x-ray impression documented medial subluxation of the femur with respect to the tibia, osteopenia of the visualized bone structures, degenerative traction osteophyte off the posterior aspect of the patellar upper pole, and chronic appearing cortical irregularity involving the medial metaphyseal region of the distal femur, likely a developmental variant. A left knee arthroscopy with anterior cruciate ligament reconstruction and medial meniscectomy was approved on 7/3/14. The treating physician requested pre-operative lab work to include comprehensive metabolic panel, estimated glomerular filtration rate, prothrombin time, complete blood count with differential, urinalysis with reflex to culture, activated partial thromboplastin time, and blood group and Rh typing. The 8/6/14 utilization review denied the request for pre-operative lab work as there was no pertinent medical history documented that would indicate the need for pre-op lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op blood works: CMP and eGFR, PT, CBC and Diff, UA and RflCul, APTT, ABO and Rh: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 07/03/14); Criteria for Peroperative lab testing

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: 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. Guidelines criteria have not been met. There is no specific medical indication provided for all of the pre-op testing requested for this 37-year-old male. There is no documented past medical history and no specific indications presented for these requests. Although basic lab testing is typically supported for patients undergoing general anesthesia, the medical necessity of the requests for estimated glomerular filtration rate and blood group and Rh typing is not established in the available records. Therefore, this request is not medically necessary.