

Case Number:	CM14-0136400		
Date Assigned:	09/03/2014	Date of Injury:	06/13/2013
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
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 Family 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:

This 40 year old patient had a date of injury on 6/13/2013. The mechanism of injury was not noted. In a progress noted dated 5/14/2014, subjective findings included pain level a 3/10 at rest and 8/10 with activity. The injection helped her do more housework and pain level at left elbow and forearm is diminished somewhat. On a physical exam dated 5/14/2014, objective findings included normal blood pressure, normal appearance, and full mobility at left elbow. Neurological examination is normal. Diagnostic impression shows chronic residual tendonitis of the proximal attachment of the extensor retinaculum at the left elbow with continuing care. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/24/2014 denied the request for urinalysis, chest X-ray, electrocardiogram, in-hospital clearance (complete blood count and comprehensive metabolic panel), stating that the records submitted for review failed to include documentation of significant comorbidities or physical examination findings that would support preoperative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINALYSIS: 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 Testing, and General.

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: <http://www.mayoclinic.org/tests-procedures/urinalysis/basics/definition/prc-20020390>

Decision rationale: MTUS and ODG do not address this issue. A search of online resources found an article "Tests and Procedures Urinalysis" stating that this tests is used to detect and assess disorders such as urinary tract infection, kidney disease and diabetes. Abnormal urinalysis results may point to a disease or illness. In the reports viewed, and in the latest progress report dated 5/14/2014, there was no abnormal lab values documented or any discussion regarding the use for Urinalysis. The purpose of the Urinalysis is unclear. Therefore, the request for urinalysis 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 Official Disability Guidelines, Low Back, Pre-Operative Testing, and General.

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-Lumbar & thoracic

Decision rationale: MTUS does not address this issue. ODG recommends chest x-ray with acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. In the reports viewed and in the progress report dated 5/14/2014 there was no rationale provided regarding the medical necessity of a chest X-ray. The patient is only 40 years old, and the diagnosis and treatment plan to not include any discussion regarding this request. Therefore, the request for chest x-ray is not medically necessary.

ELECTROCARDIOGRAM: 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 Testing, and General.

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-Lumbar & thoracic

Decision rationale: CA MTUS does not address this issue. ODG recommended preoperative electrocardiogram for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative EKGs in

patients without known risk factors for coronary disease, regardless of age, may not be necessary. In the reports viewed, and in the latest progress report dated 5/14/2014, there was no indication of the patient undergoing any type of surgery to warrant an electrocardiogram. There was no evidence that this patient has cardiovascular disease. Therefore, the request for electrocardiogram was not medically necessary.

1 IN-HOSPITAL CLEARANCE (COMPLETE BLOOD COUNT AND COMPREHENSIVE METABOLIC PANEL): 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 Testing, and General.

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-Lumbar & Thoracic.

Decision rationale: MTUS do not address this issue. ODG recommends complete blood count for patients with diseases that increase risk of anemia and metabolic panels to be performed for patients taking medications that predispose them to electrolyte abnormalities or renal failure. In the reports viewed, there was no documentation that this patient had anemia or that was taking medications that would predispose them to electrolyte abnormalities. Furthermore, there was no explanation regarding the intended purpose of these tests. Therefore, the request for 1 in-hospital clearance (complete blood count and comprehensive metabolic panel) is not medically necessary.