MAXIMUS Federal Services

Case Number:	CM14-0031602		
Date Assigned:	06/20/2014	Date of Injury:	07/05/2013
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic 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 58-year-old male warehouse worker sustained an industrial injury on 7/5/13 while loading a trailer and his left knee and ankle were caught between the truck and dock. Past medical history was reported negative for illnesses, injuries or surgeries. Medications included Relafen. The 12/12/13 orthopedic report cited persistent left knee pain with significant posteromedial joint line tenderness. Physical exam findings documented no patellofemoral crepitus, negative grind, negative apprehension, no significant medial or lateral ligamentous laxity, negative Lachman's, and negative drawer sign. An MRI was recommended. Records indicated that the 2/6/14 left knee MRI documented a tear of the posterior horn of the medial meniscus, tricompartmental articular cartilage thinning and degeneration without evidence for full-thickness defect or linear fissure. Osteoarthritic changes, as well as cartilage degeneration were greatest in the patellofemoral and medial compartments. There was small joint effusion. The 2/27/14 utilization review denied the request for pre-operative lab testing as the surgical procedure was not indicated which obviated the need for pre-operative testing. There is no additional information in the records provided that surgery had been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Complete Blood Count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. Given that the associated surgical procedure has not been found medically necessary, this request for one complete blood count is not medically necessary.

One Sequential Multiple Analysis 20 (SMA 20): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing, Author Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD.

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-.

Decision rationale: Under consideration is a request for one Sequential Multiple Analysis 20 (SMA 20). 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. There is no current evidence to support the medical necessity of a comprehensive metabolic panel for this patient. Additionally, the associated surgical procedure has not been found medically necessary. Therefore, this request for one Sequential Multiple Analysis 20 (SMA 20) is not medically necessary.

One Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing, Author Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD.

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: Under consideration is a request for one 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. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Given that the associated surgical procedure has not been found medically necessary, this request for one urinalysis is not medically necessary.

One Prothrombin Time/Partial Thromboplastin Time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing, Author Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD.

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: Under consideration is a request for one prothrombin time/partial thromboplastin time. 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. There is no current evidence to support the medical necessity of a coagulation profile for this patient. Additionally, the associated surgical procedure has not been found medically necessary. Therefore, this request for one prothrombin time/partial thromboplastin time is not medically necessary.