

Case Number:	CM14-0051782		
Date Assigned:	07/07/2014	Date of Injury:	08/24/2005
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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 is a 58-year-old female with a 8/24/05 date of injury. The mechanism of injury was not noted. According to a 6/17/14 progress report, the patient continued to complain of low back pain and right greater than left hip pain. The patient's labs/urinalysis showed cloudy appearance with trace occult blood, positive nitrite, 3+ leukocyte esterase, there is bacteria and 6-10 squamous epithelial cells, CBC absolute eosinophil is 571. Objective findings: right hip flexion is 90 degrees with 5 degrees flexion contracture, internal rotation is 15 degrees, external rotation is 20 degrees; tenderness over trochanteric bursa on the right and severe pain with internal and external rotation of the right hip, positive trendelenburg test; MRI of the right hip shows significant joint space reduction and articular irregularity indicating end stage degenerative joint disease. Diagnostic impression: lumbar spine sprain/strain, left hip sprain/strain status post total hip arthroplasty, degenerative joint disease (right knee), right renal abnormality, status post gastric bypass, end stage degenerative joint disease, right hip osteoarthritis. Treatment to date: medication management, activity modification, ESIA UR decision dated 4/9/14 denied the request for Preoperative Labs of CBC, CMP, PTT activated, TSH, UA and ECG. The rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Labs of CBC, CMP, PTT activated, TSH, UA and ECG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation 18th edition, 2013 Updates.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'.

Decision rationale: CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. This is a request for lab tests to be taken prior to surgery. However, according to the reports reviewed, the request for right total hip arthroplasty was denied on 4/9/14. A pre-operative procedure is unnecessary if the surgery itself was not authorized. Therefore, the request for Preoperative Labs of CBC, CMP, PTT activated, TSH, UA and ECG was not medically necessary.