

Case Number:	CM14-0064850		
Date Assigned:	07/11/2014	Date of Injury:	08/29/2013
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 licensed in Chiropractic 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:

The patient is a 60 year old male who was injured on 08/29/2013. He sustained an injury to the right knee when wire boxes fell and hit him on the right arm as well. Follow up visit dated 04/01/2014 states the patient complained of pain in the right knee. He is using hydrocodone to control his pain and he has received an injection which was moderately beneficial. On exam, he has palpable effusion. There is severe varus deformity and knee flexion contracture is 25 degrees with flexion to 130 degrees. Diagnosis is psoriatic arthritis with underlying osteoarthritis of the right knee. The patient has been recommended for a total knee replacement with a 2 day hospital stay, and with possible rehabilitation stay. Office note dated 09/24/2013 is not available for review. Orthopedic consultation note dated 01/06/2014 reports the patient presented with persistent pain of the right knee with activity including walking, bending, and twisting types of movements. Objective findings on exam revealed range of motion of the right knee exhibited flexion from 0-140 degrees. There is 1+ swelling of the right knee. There is 2+ joint line tenderness, 1+ patellofemoral crepitus, and 2+ medial joint line tenderness. He has a diagnosis of right knee internal derangement and possible meniscal tear. The physician has recommended oral anti-inflammatory medications, icing, and Neoprene knee sleeve. Prior utilization review dated 04/09/2014 states the request for Methicillin-Resistant Staphylococcus Aureus Nasal Swab is not certified and Pre-Op Urinalysis with Culture and Sensitivity is not medically necessary, Pre Op Cardiac Clearance is not medically necessary, and Pre-Op Complete Blood Count with Differential, Comprehensive Metabolic Panel, Prothrombin Time, Partial Thrombin Time in International Normalised Ratio Tests is not medically necessary. As the corresponding request for right knee arthroplasty had been denied; therefore all other requests are denied as there is no need for pre-op clearance. Based on evidence provided for review, medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methicillin-Resistant Staphylococcus Aureus Nasal Swab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Disease Control and Prevention <http://www.cdc.gov/mrsa/healthcare/clinicians/precautions.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Low Back, Preoperative testing, general, Preoperative lab testing, LabTestsOnline; Staph Wound Infections and Methicillin Resistant Staphylococcus aureus <http://labtestsonline.org/understanding/conditions/staph/start/3>.

Decision rationale: According to the referenced literature, a nasal culture (collected by inserting a swab inside the nose) is used to screen healthy people to determine whether someone has been colonized with MRSA and is a carrier. Nasal swabs may also be collected to detect MRSA colonization based on rapid molecular tests, which do not grow the bacteria but detect their presence and antibiotic resistance by identifying the gene responsible for the methicillin resistance. According to the Official Disability Guidelines, the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The medical records do not provide a clear indication with valid clinical rationale for this type of specialized lab test. According to the guidelines, preoperative additional tests are excessively ordered, with little or no interference in perioperative management. Furthermore, the medical records indicate the corresponding request for right total knee arthroplasty is not medically necessary. Consequently, there is no medical necessity for pre-operative lab studies.

Pre-Op Urinalysis with Culture and Sensitivity: 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-Lumbar & Thoracic, Preoperative Lab testing.

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, Preoperative testing, general, Preoperative lab testing.

Decision rationale: According to the Official Disability Guidelines, Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing

implantation of foreign material. However, the medical records documents for this patient are not pending knee replacement, as the medical necessity of the procedure had not been established. Consequently, preoperative clearance test/procedures are not medically necessary.

Pre Op Cardiac Clearance: 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 Official Disability Guidelines (ODG) Low back, Preoperative electrocardiogram (ECG).

Decision rationale: According to the Official Disability Guidelines, Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. The medical records documents for this patient is not pending knee replacement, as the medical necessity of the procedure had not been established. Consequently, preoperative clearance test/procedures are not medically necessary.

Pre-Op Complete Blood Count with Differential, Comprehensive Metabolic Panel, Prothrombin Time, Partial Thrombin Time in International Normalised Ratio Tests: 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 Official Disability Guidelines (ODG) Low Back, Preoperative testing, general, Preoperative lab testing.

Decision rationale: According to the Official Disability Guidelines, Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those

taking anticoagulants. However, the patient has not been recommended to undergo knee surgery, in absence of pending surgery, preoperative clearance test/procedures are not medically necessary.